

Ick! Is It Neglect? Dirty Homes, Parasites and Other Commonly Encountered Situations

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Lynn K. Sheets, MD, FAAP
Child Advocacy and Protection Services
Children's Hospital of Wisconsin
Professor, Medical College of Wisconsin
lsheets@chw.org
414-266-2090



Objectives

- List considerations in determining if a home environment or recurring infection is concerning for neglect
- Describe scenarios when deplorable home conditions could risk serious physical harm to a child
- Describe universal precautions that home visitors/investigators should consider to protect themselves

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Outline

- Overview
- Home conditions
 - Dirty Homes
 - Hoarding
 - Structural Concerns
- Child conditions
 - Parasites
 - Infections
 - Other

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Neglect – Medical Definition

- Neglect occurs when a child's basic needs are not adequately met, resulting in actual or potential harm
- Ideally, the medically perspective is child focused:
 - “This is why I’m worried about your child”
 - rather than “Here’s what you did wrong.”

Dubowitz H Defining Neglect: Principles for Practice. The APSAC Advisor Winter 2008;3-6

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Neglect – WI Definition

- "Neglect" means failure, refusal or inability on the part of a caregiver, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care or shelter so as to seriously endanger the physical health of the child. WI § 48.02(12g)
- Caregiver-focused rather than child-focused
- Threshold for reporting definition is not different (when mandated reporters shall report)

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Helping Families and Children

- Actual physical harm from neglect often is manifested many years later
- Neglect tends to be chronic and low level
- Alternative responses often the most helpful

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Poverty and Neglect

- 3rd NIS – neglect 44 x more common in impoverished families
- Poverty has a negative impact on neurodevelopment
 - Children in poverty have smaller brains
 - Stressful lifetime events worsen the disparity
(Luby J et al The Effects of Poverty on Childhood Brain Development. JAMA Pediatrics 2013)
- Poverty = social neglect
- Poverty correlates with neglect but most poor families do not neglect their children

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DIRTY HOMES

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Impact of Physical Neglect

- "Dirty Home" and unsanitary conditions can lead to:
 - Emotional impact for the child
 - Risk of wound infections and gastrointestinal disease
 - Significant pain and discomfort due to skin irritation or from insect (roach, flea) bites
- Lack of proper clothing can lead to:
 - Emotional impact for the child
 - Lack of protection from heat/cold and physical injuries (such as lack of shoes)

Some slides Courtesy Dr. Jordan Greenbaum

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"Invisible" Impact of Physical Neglect

- Peer criticism, ostracism
- Self-esteem
- Poor academic achievement
 - Missing school
 - Distracted b/o social issues, hunger
- Social problems, emotional problems and eventually, criminal behavior

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Public Health Perspective

- Diseases relatively easily transmitted from one child to another (fecal-oral route)
- Fecal-contaminated kids more likely to transmit diseases.
- Schoolmates at risk
- Older children may work in food industry
- Chipotle – Norovirus outbreak. Fast food restaurants more often transmit salmonella than norovirus (43% salmonella and 28% norovirus)

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Food-borne Infections

- 1 in 4 Americans get food-borne illness each year. Most are transmitted in the home!
- Relationship between cross-contamination and the transmission of foodborne pathogens in the home (Scott E Pediatr Infect Dis J 2000;19:S111-13)
- Typical perpetrators
 - Viruses – norovirus primarily
 - Bacterial
 - Salmonella
 - Campylobacter
 - E. coli
 - Shigella

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Signs and symptoms of food-borne diarrheal disease

- Fever and chills
- Diarrhea (with or without blood)
- Abdominal cramps
- Vomiting

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Often Concurrent Animal Neglect or Abuse

Report to the Humane Society
when animal abuse is found (414)
264-6257 or your local Humane
Society

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Infant Sleep Environment

- Consider if the infant has a safe, appropriate sleep environment.
- Is there a crib or bassinet? If not, is there a safe sleep alternative?
- Give information to families to help them make the safest sleep choices for their infants!



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What you don't see may be as important as what you do

see

- School-aged children
 - Place to do homework
 - Electricity
 - School supplies
- Dishes, silverware
- Toiletries
- Place to sit down



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Photos won't capture:

- Odors
- Swarming insects
- Ambient temperature
- Water temperature



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HOARDING

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Hazards in the environment

- Accessible drugs and toxic chemicals
 - Possible ingestion
 - Chemical burns

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STRUCTURAL CONCERNS

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- Structural hazards
 - Windows without screens
 - Broken windows
 - Condemned building
 - Rotting ceilings, floors
- Consider seeking an opinion from the building inspector

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Consider the children involved

- Age
- Developmental ability
- ADHD
- Cognitive or physical handicaps
- Medical condition (examples: asthma, diabetes, seizures,)

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Approach

- Consider the child
 - Age/developmental abilities
 - Special needs
- Consider the environment
- If mandated reporter – report neglect concerns regardless of what you believe the cause to be
- CPS approach and mandated reporter approach can be aligned to address barriers and access resources
- Generally, LE is involved in egregious cases

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PARASITES

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Lice

- Pediculosis Capitis – crawl (do not jump or fly!)
- Transmitted through direct, close, head to head contact
- Combs, hair brushes, hats, and hair ornaments can transmit head lice, but away from the scalp, lice do not remain viable.
- Incubation period is 7-12 days; itching may not start for 4 weeks
- Exclude from daycare/school only until treatment is started
- AAP does not support a 'no nit' policy
- Lice do not indicate neglect

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Lice

- Look at the hair behind the ears and at the nape of the neck for nits (eggs)
- Nits at the nape of the neck
- Other things can look like nits – dandruff, hair casts, hair spray, debris but these are easily moved

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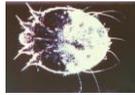
Lice

- New nits are 4 mm or less from the scalp. Because hair grows at a rate of approximately 1 cm per month, the duration of infestation can be estimated by the distance of the nit from the scalp.
- The nymphs and adults shun light, so they are hard to see (because they run when you look!)
- Nits are fixed firmly, so presence of nits does not necessarily indicate active infection
- Exposed? No treatment unless infection found

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Scabies



- *Sarcoptes scabiei* – tiny .4 mm
- Causes the "7-year itch" – intensely itchy, especially at night
- The impregnated females burrow into the skin and spend 2 months of their lives in tunnels under the surface of the skin.
- Incubation is 3 – 8 days but if you have never had them, it can take 4-6 weeks to become symptomatic
- Infection usually requires close personal contact
- The scabies parasite survives on clothing for only 3 to 4 days without skin contact.

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Scabies – Location of rash

- Older children and adults
 - interdigital folds,
 - flexor aspects of wrists,
 - extensor surfaces of elbows,
 - anterior axillary folds,
 - waistline,
 - thighs,
 - navel,
 - genitalia,
 - areolae,
 - abdomen,
 - intergluteal cleft, and
 - buttocks.
- In children younger than 2 years, the eruption generally is vesicular (blisters) and often occurs in areas usually spared in older children and adults
 - scalp,
 - face,
 - neck,
 - palms, and
 - soles.

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Scabies

- Very itchy rash
- Burrows can sometimes be seen as gray or white, thread-like lines
- Rash remains very itchy even after the scabies are killed since it is due to the hypersensitivity to the organism and their feces which are in the skin!

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Prophylaxis

- Household contacts should be treated
- If close personal contact with a known case, discuss prophylaxis with your doctor
- Mites don't survive longer than 3 days without skin contact
- Children can return to daycare after treatment even though they will have rash and itching

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Bedbugs

- Small, oval, brownish insects; they do not fly or hop
- Live on the blood of animals or humans.
- Adult bedbugs have flat bodies about the size of an apple seed.
- Nuisance but do not transmit disease
- Not a sign of dirtiness or neglect

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Bed Bugs – the bite

- Painless bites
- Often in clusters of 2
- Become itchy and swollen
- Bites can be anywhere; they are not clustered around the ankle like a flea bite
- No red spot in the center

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Diagnosing – find them

- Blood stains on your sheets or pillowcases
- Dark or rusty spots of bedbug excrement on sheets and mattresses, bed clothes, and walls
- Bedbug fecal spots, egg shells, or shed skins in areas where bedbugs hide
- An offensive, musty odor from the bugs' scent glands
- Extermination – best if professional

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Fleas

- Primarily bite around the ankles or lower legs; children who crawl can have them anywhere
- Bites are itchy and have a central red spot



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Treatment for Insect Bites

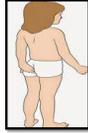
- Purpose – treatment of itch
- Avoid scratching if possible
- Use of diphenhydramine and topical hydrocortisone
- Seek medical attention if the bite appears infected or if the reaction is severe

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Pinworms

- Enterobius vermicularis – pinworm
- Transmitted fecal – oral route (scratch itchy area then put hands in food or in other's mouth)
- Fomite spread is also possible
- Preschool and school age most commonly affected
- Causes itchy anal and sometimes vaginal areas



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Pinworms

- Female pinworms usually die after depositing up to 10 000 fertilized eggs within 24 hours on the perianal skin.
- Eggs remain infective in an indoor environment usually for 2 to 3 weeks.
- The incubation period from ingestion of an egg until an adult gravid female migrates to the perianal region is 1 to 2 months or longer.

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Diagnosis

- 2 typical ways to diagnose
 - Examine perianal skin (with a flashlight) 2-3 hours after child has gone to bed. Pinworms move!
 - Scotch tape test
- Stool tests for ova and parasites not the best since few eggs are in the stool
- Treatment - Pyrantel pamoate is available without prescription.

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OTHER

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Cockroaches



- Cockroaches
 - Usually do not bite but can in obtunded/dead
 - Trigger for asthma and likely linked to higher prevalence in urban areas
 - Cockroach 'dander' is one of the most important allergens in inner cities
 - Ubiquitous – if there is food/water



Arruda LK et al. Cockroach allergens and asthma. J Allergy Clin Immunol 2001;107(3):419-28

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Not neglect – source of information is the AAP Red Book

SOME INFECTIONS SPREAD THROUGH DIRECT CONTACT

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MRSA – Methicillin Resistant Staph Aureus

- Avoid contact with any open, draining (moist) lesion. School attendance should be prohibited for children with these lesions
- Transmission also through fomites (razors, athletic equipment, towels)

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Herpes

- "Cold sore" lesions of herpes labialis represent active infection, but no evidence suggests that students with active orolabial lesions pose any greater risk to their classmates than do unidentified asymptomatic shedders.
- No specific intervention or action needed
- Avoid contact with cold sores if possible, but the majority of adults have been exposed

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Pink Eye (Conjunctivitis)

- Most infections are viral (do not respond to antibiotic)
- Bacterial infection is the classic "pink eye" – usually unilateral with copious purulent drainage (pus)
- Avoid contact with infected secretions; if contact, wash hands or use hand sanitizer
- Children with pink eye and without fever can be in school or daycare after any indicated treatment has been started (AAP Red Book)

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Fungal Infections

- Such as ringworm, tinea capitis, athlete's foot
- Needs treatment with an antifungal
- However, lack of treatment does not necessitate exclusion from school/daycare in most cases
- Children with tinea capitis should be instructed not to share combs, hair brushes, hats, or hair ornaments with classmates until they have been treated.
- Students with athlete's foot should be excluded from swimming pools and discouraged from walking barefoot on locker room and shower floors until treatment has been initiated.

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Protecting Yourself

- Avoid getting secretions/respiratory droplets in your face
- Avoid touching your face
- Carry hand sanitizer and use it frequently
- Wash hands after handling children

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Approach to Neglect

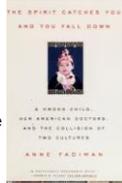
- Identify and address barriers
 - Transportation
 - Financial
 - Mental Health/cognitive delays
 - Substance abuse
- Document that family is aware of importance of medical care and risks of not providing needed care
- Provide ongoing monitoring through PMD, visiting nurse or Public Health Nurse, frequent follow-up visits, clear benchmarks of when the child should be seen back.

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Roadblocks and Barriers

- Financial and transportation most common
- Roles of priorities and hopelessness
- Consider others
 - Family chaos
 - Lack of awareness, knowledge or skills
 - Distrust of medical professionals
 - Substance abuse
 - Cultural
 - Child issues- such as resistance to care



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Neglect – Toxic Stress

- Neglect is the most toxic form of maltreatment
- Causes long-term harm to physical health if not addressed
- Children can live in poor quality physical circumstances and still have physical and emotional needs met
- Often, root causes to poor physical environment also impacts the children

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Consider Neglect If:

- Severe and persistent infestations
- Child's clothing is consistently inappropriate
- Child is persistently smelly/dirty
- Child often not fed
- Home environment is unsafe or inappropriate for the child's developmental stage

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Key Points

- Use common sense to minimize exposures
- If there is a known risk, seek advice before entering the home or handling the children
- When in doubt, consult the public health department or the child's pediatrician
- If exposed, consult your medical provider

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Questions?
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