

# Common infectious illnesses

Colds and flu, tummy bugs and other illnesses to look out for in your premature or sick baby



**Bliss**  
for babies born  
premature or sick



# What do I need to know?

All adults, children and babies experience illnesses. We become protected from infections by either catching them or through vaccination. Babies and young children get more colds than adults as their resistance to infections builds up over time. For babies born premature or sick, the risk of complications can be higher.

The winter months (October to March) can be challenging for those born prematurely (before 37 weeks) and who have lung problems or a congenital heart condition. These babies are at greater risk of becoming seriously ill from a common infectious illness.

Seeing your premature or sick baby unwell, especially for the first time, can be worrying and upsetting. This information is about the most common infectious illnesses, what you can do to help protect against them, and what to do if you are worried. The information covers:

- [How can I help my baby avoid infections?](#)
- [What are the most common infectious illnesses?](#)
- [Vaccinations](#)
- [I'm worried – what can I do?](#)
- [References](#)
- [Review information](#)

This information will be relevant for all parents of premature or sick babies, but probably most useful once you take your baby home. This is because the neonatal unit will have their own processes for limiting the spread of infection, and for spotting the signs of possible illnesses in your baby.

This information, provided by Bliss, should not replace the advice given to you by your healthcare professional (such as your GP or your health visitor) about your baby. It is extra information. If you are worried about your baby's health, you should always contact a health professional.

## Who can help?

- Your GP or health visitor
- Your community neonatal nurse or family care nurse
- Your neonatal unit
- Your neonatal or paediatric consultant (if your baby has been discharged from hospital and visits a clinic)
- Pharmacists
- [NHS 111](#)
- 999 in an emergency

We will refer to a baby's gestational age in this information. This number will be the age they were born (eg 28 weeks) and not how old they would have been if they had been born when they were due (sometimes called corrected age).

“ When Leo came home, I felt he was so vulnerable that I didn't want to leave the house. This made me feel very isolated. I spoke to other mums and they said they felt the same at first, but, by taking sensible precautions it was possible to start taking small trips out. Gradually, I began to feel that Leo was less fragile. We all want to protect our children but we need to find the right balance too.”

**Mum to Leo, born 28 weeks**

# How can I reduce the risk of infection?

One of the best ways to avoid infections is to be prepared, especially if your baby is at high risk. Talk to staff on the neonatal unit before your baby is discharged and before the winter season begins in October. This will help you prepare and know what to expect.

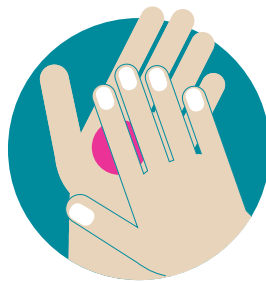
There are things you can do to help protect your baby against common infectious illnesses:

## 1. Wash your hands thoroughly

Washing your hands often is really important in the fight against infections. **Here is how you should wash your hands to best reduce this risk.** When other people come into contact with your baby, ask them to wash their hands like this. Don't worry about asking people to do this – those close to you will want to help to protect your baby too.



1. Wet hands and squirt soap into the palm of one hand



2. Rub hands together palm to palm, spreading the soap



3. Rub back of each hand with palm of other hand with fingers interlaced



4. Rub palm to palm with fingers interlaced



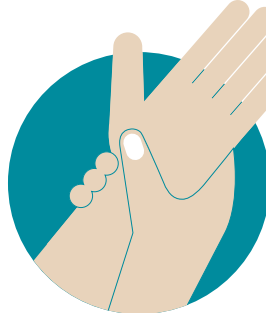
5. Rub back of fingers to opposing palm with fingers interlocked



6. Rub each thumb clasped in opposite hand and rotate



7. Rub tips of fingers in opposite palm in a circle



8. Rub each wrist with opposite hand



9. Rinse hands with water and dry thoroughly

## 2. Use disposable tissues

Throwing away tissues helps to reduce the risk of infections on surfaces. Use a new tissue each time you need to wipe your baby's nose or eyes, and do not use the same tissue on different parts of their face, to avoid infection spreading. Make sure those around your baby also catch their own sneezes and coughs in disposable tissues, and then throw them away.



## 3. Keep your baby's environment clean

Clean toys, highchairs and worktops regularly, as germs can live for up to 48-hours on surfaces. Make sure any antibacterial cleaners are safe to use around children, and keep them far out of reach.



#### 4. Avoid people who are unwell

It is not possible to prevent your baby from coming into contact with all infections. However, if your baby is at a higher risk, you should try to avoid contact with other adults and children with cold-like symptoms (such as a runny nose, sneezing or feeling generally unwell), or who have had a stomach upset. It might feel difficult sometimes, but asking someone to stay away from your baby if they are unwell isn't being rude. You are helping to protect your baby's health, and people will understand this.



#### 5. Go smoke free

Smoking is bad for the health of the smoker and those around them. Babies and children are more vulnerable to the effects, and premature babies and those with fragile lungs can be seriously affected by cigarette smoke. Smoke from tobacco has been found to make the symptoms of many illnesses much worse for young babies. Even smoke on furniture, clothes, hair, and in the baby's general environment will still have a negative impact on their health, even if you never smoke around your child.

If your baby is at a higher risk of infection, quitting smoking will really help to reduce their risk of becoming unwell and ease their symptoms. Quitting is not easy, but it could help to keep you and your baby healthy. If someone who regularly comes into contact with your baby smokes, ask them never to smoke around your baby.

For help quitting smoking, visit [NHS Smoke Free](#).



## 6. Look, don't touch

Babies often attract a lot of attention when you are out of the house. If someone asks or tries to touch your baby, but you are worried about their risk of infection, don't be afraid to ask them to look instead. This will help to reduce the number of possible infections for your baby. Again, it is not rude to ask this. You could say something like, "Would you mind just having a look at her? She spent time in hospital and so she is much more vulnerable to illnesses."

If your baby is particularly at risk, it's best to try to keep them away from crowds and public places between October and March. This is when most people have common infectious illnesses.



# What are the most common infectious illnesses?

## Colds, coughs and congestion

Babies and children can normally catch several colds each year. Catching them can be a miserable time for them as well as for you, as parents.

Colds are infections of the nose, throat and sinus caused by one of many different viruses. They are most commonly spread through droplets produced when someone coughs or sneezes, and can be easily spread through hand-to-hand contact.

### What are the symptoms?

The main symptoms of a cold will develop gradually and can include:

- A runny or blocked nose
- A cough
- Sneezes
- Red eyes
- Possibly a mild fever (a temperature higher than 37.5°C)
- Loss of appetite
- Being generally unsettled

### How you can help

Colds are caused by a virus and viruses cannot be treated with antibiotics. These medicines will only be prescribed by your GP if they suspect a bacterial infection, for example in the chest. This is because antibiotics only act on bacteria, and will not have any effect on a cold caused by a virus. Cough and cold medicines should not be taken by children under the age of six. It is generally thought by professionals that most of the treatments you can buy in the shops are ineffective.

There are other ways to help with the symptoms of a cold. It is important to make sure your baby drinks enough fluids. Offer your baby plenty of breast milk or formula, and, if your baby is over four months, you can offer water. If your baby is not passing as much urine as usual, has sunken eyes or a sunken

soft spot at the top of the head, this could be a sign of dehydration and you should see your GP.

You may be worried that your baby should be wrapped up more when they have a fever. This isn't the case. **NEVER** use pillows, loose towels or blankets in your baby's cot, as these can be potential suffocation risks and are linked to an increased risk of Sudden Infant Death Syndrome (SIDS). This risk can also be increased if the baby is too hot. Make sure you regularly check the temperature of the room and feel your baby for signs of being too warm. For more information on safer sleep for your baby, visit [The Lullaby Trust](#).

Watching your baby fight a cold for the first time may be distressing for you and them. In time you will learn how your baby likes to be comforted, and this will help you to treat your child with confidence.

[To help avoid infection, you can follow the steps at the beginning of this information.](#)

### When to call your GP

Most colds can be managed at home. However, if your baby's symptoms do not improve, or if they worsen, you should contact your GP. If your baby is dehydrated, or has difficulty breathing, you should contact your GP immediately.

# Bronchiolitis

Bronchiolitis is the swelling of the small airways in the lungs, caused by infection. This leads to a build-up of mucus, causing breathing difficulties. It is a common illness that affects babies and young children. It is often caused by a cold virus or an infection called Respiratory syncytial virus (RSV).

Many adults, children and babies catch RSV and have very similar symptoms to that of a cold. In fact, in most cases you would not know whether your illness was caused by this virus, or many of the other viruses which cause similar symptoms.

Whatever the cause, if premature babies or those born with lung or heart problems develop bronchiolitis, they may need extra care.

## What are the symptoms?

The symptoms to look out for are:

- Cold-like symptoms
- Rapid shallow breathing
- A persistent cough
- Wheezing
- Mild fever

The length of the illness varies from a couple of days to a week, or possibly two with a lingering cough. It is common for a cough or wheeze to continue for several weeks after your baby has had bronchiolitis, even if they seem to have otherwise recovered.

## How you can help

Your baby should be encouraged to drink extra fluids and should be kept cool and not overdressed if a fever develops. Liquid paracetamol designed especially for children may also be given to help ease pain or other symptoms.

**ALWAYS** check the label carefully for the right dosage for your baby's weight and age whenever using this medicine.

If your baby has breathing difficulties they might need to be admitted to hospital. Staff may give oxygen, and possibly ventilate your baby, or they may give medicines to help.

[To help avoid infection, you can follow the steps at the beginning of this information.](#) Unfortunately, catching RSV once does not protect your baby from catching it a second time.

## When to call your GP

If the symptoms of a cold are becoming worse, you should contact your GP to check for bronchiolitis. They may recommend your baby goes to the hospital if they need help breathing. If your baby ever shows signs of struggling to breathe, you should contact your GP immediately.



# Pneumonia

Pneumonia is an infection of the lungs causing the tissue to swell and the air sacks to fill with fluid, making it harder to take in oxygen. It can take hold after a cold, flu or other illness, and can be caused by bacteria, viruses or fungi.

## What are the symptoms?

Signs of the infection can appear over a day or two, or can develop more slowly. The symptoms can include:

- A fever
- A cough
- Rapid breathing
- Breathing difficulties
- Pain or discomfort in the chest

Your baby could also show signs of feeling generally unwell, like not feeding as usual.

## How you can help

You should see your GP if you think your child has pneumonia. Some cases can be treated at home with antibiotics if the GP believes bacteria has caused the infection. But high risk babies might need a short stay in hospital to help with their breathing. The Hib vaccine included in the 5-in-1 injection, and the pneumococcal (PCV) vaccine, are both given to babies at eight weeks. These injections can protect against some types of pneumonia.

## When to call your GP

Call your GP if your baby shows any of the symptoms listed above, or appears to be sleepier than usual. If your baby has any trouble with breathing, you should contact your GP immediately.

# Influenza (flu)

Influenza, or flu, is a viral infection of the lungs and upper airways. It is caused by several different viruses. Those at risk of becoming more seriously ill from a flu infection are the very young, over 65s, or those with long-term health problems such as asthma or diabetes. Flu viruses spread like cold viruses, through droplets produced when you cough or sneeze and hand-to-hand contact.

## What are the symptoms?

Symptoms are very similar to a cold but with the addition of:

- A sudden fever
- Possibly a dry cough

Fever may be the first sign of the illness.

Other symptoms include:

- Tiredness
- Aching muscles
- Sneezes
- Runny nose
- Diarrhoea or vomiting
- Loss of appetite

The worst of the symptoms tend to last a few days and the cough and weakness can last up to two weeks.

## How you can help

Plenty of rest and extra fluids are essential. Liquid paracetamol for children can be given to relieve symptoms in the meantime.

If your baby is at home, is more than six months old, and has been diagnosed with Chronic Lung Disease (CLD), your GP or health centre may contact you during the winter months (October to March). They may offer your child (and sometimes you) the flu vaccine to protect against complications brought on by the flu. This is because your baby will be more at risk if they have been diagnosed with CLD. It's common to get the flu more than once, so it is best to avoid crowded places during the winter months and to wash your hands often and thoroughly. [See the section on reducing the risk of infection for more tips on protecting your baby.](#)

## When to call your GP

If you think your baby might have flu, a fever, or you are concerned at all, you should call your GP.

# Diarrhoea and vomiting

Norovirus and Rotavirus (as well as other common stomach bugs) are very common. Hundreds of thousands of people every year catch these infections. You may have heard Norovirus described as the 'winter vomiting bug' because the illness is more common in winter. However, any of these viruses can be caught at any time of the year. They are highly contagious, meaning they can spread to other members of your family quickly.

## What are the symptoms?

Norovirus, Rotavirus and other stomach bugs cause vomiting and diarrhoea. This can come on very suddenly. Other symptoms include a fever, headaches and painful stomach cramps.

## How you can help

There is no specific cure for these viruses, so you have to let the illness run its course. It should not last more than a couple of days. You can usually care for your baby at home, making sure that they keep taking in plenty of fluids.

Very young babies, especially those at higher risk, are more likely to become very poorly from stomach infections. If you are at all worried, you should always visit your GP. Extra care should be taken to prevent babies and small children who are vomiting or have diarrhoea from dehydrating.

If your baby is eating solid foods and they feel like eating, try to give them foods that are easy to digest.

Following our [tips on preventing infection](#) will help to protect your baby. These viruses are particularly infectious, so if you or anyone else in the family becomes ill, follow our tips for reducing the risk of infection to help avoid it spreading. If anyone else is planning on coming into contact with your baby and they have been sick or had diarrhoea recently, ask them not to visit until they are fully recovered.

A Rotavirus vaccine is offered to babies at eight and 12 weeks, along with their other vaccines. See our [Vaccinations](#) section for more information.

## When to call your GP

Contact your GP for advice if your baby's symptoms last longer than a few days, if they have a serious illness that might be made worse by their symptoms, or if you are struggling to keep your baby hydrated. If the symptoms are particularly bad, or you are at all worried, you should always seek help.

# Chronic Lung Disease (CLD)

CLD (or Bronchopulmonary Dysplasia (BPD) as it's sometimes referred to) is most common in premature or sick babies who have been ventilated to help with their breathing after birth. Premature babies who have been ventilated for a long time are very likely to be diagnosed with this condition. A diagnosis of CLD will usually be given to your baby when they are in the neonatal unit.

CLD is not an infectious illness, but it does mean that your baby may be more vulnerable to catching other infectious conditions, such as RSV (which can cause bronchiolitis), and flu.

Almost all babies with CLD who remain healthy after they have been discharged from hospital show steady improvement with their breathing difficulties. When a baby first comes home, ordinary coughs and colds may make them wheeze more than a baby without CLD.

Your baby might need to go back into hospital for a few days to monitor their breathing, and sometimes babies need help from a ventilator.

If your baby has been discharged from the unit but they are still on oxygen, they are at higher risk of infections and conditions that affect the lungs.

If your baby has CLD, following our steps to [prevent the spread of infection](#) will help to protect your baby. They may be offered the flu vaccine when they are old enough, as your baby may be more vulnerable to this illness.

# Vaccinations

We all have antibodies in our blood. These are proteins produced by the body to fight infections. Babies born at full term get antibodies from their mothers towards the end of the pregnancy. Babies born early will receive fewer antibodies, and as a result will be more at risk of catching an infection. It is important that they receive vaccines according to the NHS guidelines. These state that a baby's first vaccinations should be given at eight weeks of age counting from their birth date, not their due date. Speak to your GP if you have any questions or concerns.

Additional vaccines, such as the flu vaccine or vaccines against other viruses, may be offered to you and your baby if they are at particular risk.

For current information on vaccinations for babies, visit the [NHS vaccination schedule](#).



# I'm worried – what can I do?

Watching your baby fight an illness can be worrying and upsetting. We often hear that parents of babies born premature or sick spend a lot of time worrying about their baby catching an infectious illness. This is because premature and sick babies are more vulnerable to complications from conditions such as a cold. Often, this can be the most worrying part of taking your baby home from the neonatal unit, where they have been more protected.

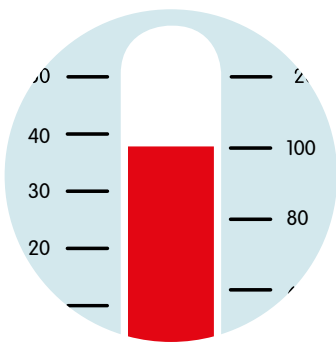
As a parent, you can only do so much to protect your baby from infections in the outside world. By being prepared, and by following our

[tips on reducing the risk of infections](#), you can help protect your baby. It's also important to remember that it is part of their development to build up a healthy immunity to common infections.

## When to call your GP

We have included information about when to call your GP for the conditions mentioned in this information. However, as a general rule you should always speak to your GP or health visitor if you are worried about your baby's health. You should never worry about wasting their time. Here are some symptoms which you should not ignore:

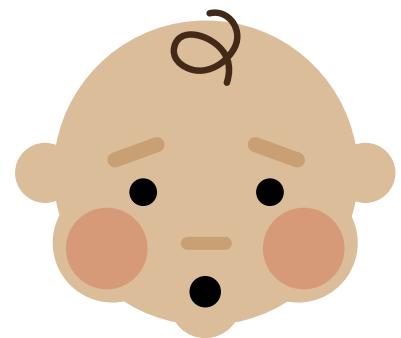
## Call your GP straight away...



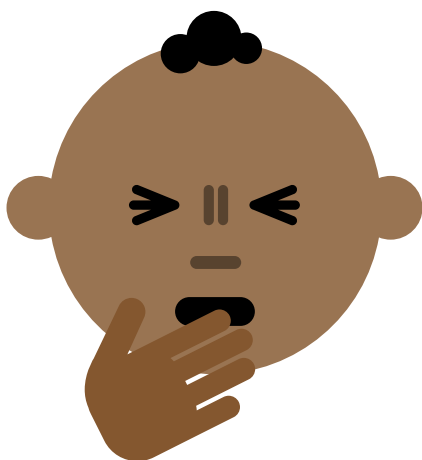
**If your baby has a fever – a temperature over 38°C (100.4°F)**



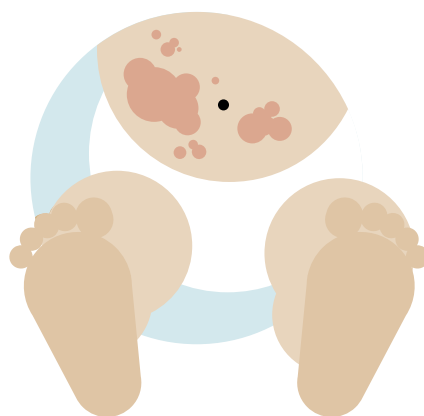
**If their temperature rises suddenly or the fever continues for more than two days**



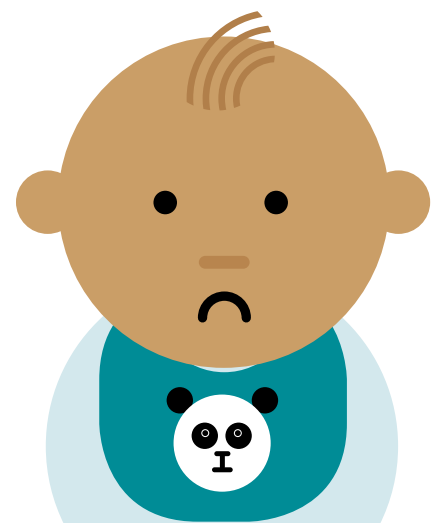
**If they are breathing very fast, struggling to breathe or their breathing is very shallow**



**If a cough lasts for more than five days and becomes wheezy**



**If you notice a rash anywhere on your baby's body**



**If your baby stops being able to feed**

# I'm worried – what can I do?

As a parent, you know your baby better than anyone. You may feel something is not right, but may not be able to explain fully what the problem is. You should listen to your gut feeling and if you feel something is wrong with your baby for more than a few days, you should always speak to your GP.

In general, healthcare professionals would much rather you checked with them if you are worried about your baby, particularly if they are more vulnerable to serious conditions. If in doubt, it is always best to check.

If you have a community neonatal nurse, or family care nurse, they can provide support once you have been discharged from the unit and are adjusting to life at home with your baby.

## Who can help?

- Your GP or health visitor
- Your community neonatal nurse, or family care nurse
- Your neonatal unit
- Your neonatal or paediatric consultant (if your baby has been discharged and visits a clinic)
- Pharmacists
- [NHS 111](#)
- 999 in an emergency

# References

Here you can find full details of the references used to create this information. They are listed in the order in which the information appears. If you ever have any questions about the information provided by Bliss, email us at [hello@bliss.org.uk](mailto:hello@bliss.org.uk)

- [NHS Choices – Stay well this winter](#)
- [NHS Professionals – CGI Standard Infection Prevention and Control Guidelines](#)
- [World Health Organisation – WHO Guidelines on Hand Hygiene in Health Care](#)
- [NHS Choices – How to prevent germs spreading](#)
- [Great Ormond Street Hospital for Children – Handwashing video](#)
- [NHS Choices – What are the risks of smoking?](#)
- [Synagis – Smoking and your premature baby](#)
- [NHS Choices – Colds, coughs and ear infections in children](#)
- [Patient – Coughs and cold in children](#)
- [NHS Choices – What is a fever \(high temperature\) in children?](#)
- [The Lullaby Trust – Safer Sleep](#)
- [The Lullaby Trust – A Clear Cot](#)
- [NHS Choices – Bronchiolitis](#)
- [Boots WebMD – Bronchiolitis](#)
- [NHS Choices – Pneumonia](#)
- [WHO – Pneumonia](#)
- [British Lung Foundation – Pneumonia in children](#)
- [NHS Choices – Hib vaccine](#)
- [NHS Choices – Pneumococcal vaccine](#)
- [NICE – Updated protocol for treating fever in under 5s](#)
- [NHS Choices – The flu jab](#)
- [The ARCHIE Study – The early use of Antibiotics for ‘at risk’ children with Influenza](#)
- [NHS Choices – Flu](#)
- [NHS Choices – Norovirus](#)
- [NHS Choices – Rotavirus vaccine](#)
- [Patient – Bronchopulmonary Dysplasia](#)
- [National Heart, Lung and Blood Institute – Living with Bronchopulmonary Dysplasia](#)
- [NHS Choices – Vaccination schedule](#)



## **Fifth Edition**

**Previously 'Common Winter Illnesses' print booklet**

**Last reviewed: October 2016**

**Next review due: October 2019**

© Bliss – for babies born premature or sick

No part of this information may be reproduced without prior permission from Bliss.

This information is sponsored by AbbVie. The sponsors had no role in the scope assessment, preparation, writing, feedback collection, or decision to publish this information.

If you require a plain-text version of this information, please email Bliss at [hello@bliss.org.uk](mailto:hello@bliss.org.uk)

### **Written, edited and researched by:**

Rachel Jarmy, Senior Content and Information Officer

Gemma Ellis, Senior Communications Officer

Mehali Patel, Research Engagement Officer

**Designed by:** Chris Beardsall

### **Acknowledgements:**

Bliss would like to thank the following members of the Bliss content review panel for their review of this information.

### **Healthcare Professional members:**

Tendai Nzirawa, Community Neonatal Sister, Queens Hospital, Romford

Jane Hawdon, Consultant Neonatologist, Barts Health NHS Trust

Cat Rushworth, Neonatal Nursery Nurse, St Marys Hospital, Isle of Wight

Valerie Irving, Neonatal Matron, Liverpool Women's Hospital

Oliver Rackham, Consultant Neonatologist, Arrowe Park Hospital (Wirral University Teaching Hospital NHS Foundation Trust)

### **Public members:**

Philip Lund

Stephanie Chadwick

Paula Oliveira

Neal Smith

**† 020 7378 1122**

**e [ask@bliss.org.uk](mailto:ask@bliss.org.uk)**

**w [bliss.org.uk](http://bliss.org.uk)**

Registered charity no. 1002973. Scottish registered charity no. SC040878

**Bliss**  
for babies born  
premature or sick

