

Call doctor.

11. Care: hospitalisation.

GERMAN MEASLES (Rubella)

1. A mild disease.

2. Groups at risk: expectant mothers, particularly, as well as children.

3. Isolation only to protect non-immune expectant mothers, for 7 days from start of rash.

4. Sterilisation unnecessary except where expectant mothers are in the same home.

5. Most prevalent in Spring & early Summer.

6. Caused by a virus.

7. Spread by direct contact & droplet infection from coughing, sneezing etc.

8. Incubation period: 5-21 days usually 17-18 days.

9. Early recognition: General symptoms of a mild infection, i.e. malaise, headache, nasal catarrh & a slight temperature. The rash appears on the 1st day of the illness on the face, then spreading to the trunk & limbs.

11. Care: The child should be put to bed until 2 days after the rash has disappeared. No special treatment required.

INFLUENZA

1. A highly infectious disease with a sudden onset.

2. Groups at risk: children in general, particularly of school age.

3. Isolation for the 1st 48 hrs. after the start of the sickness is very valuable.

4. Sterilisation unnecessary.

5. Occurs worldwide, usually in epidemics.

6. Caused by a virus with several strains. Immunity is short-lived.

7. Spread by droplet, articles freshly soiled with discharges from the nose & throat & probably airborne by crowds.

8. Incubation period is short, usually 1-3 days.

9. Early recognition is difficult since its onset is very sudden.

However, immediate isolation for the next 48 hours drastically reduces the spread of the disease.

10. Care: Put the patient to bed in a well ventilated room. Rest is very important. He should remain in bed until his temperature has been normal for 2-3 days. The sickness begins with a fever, shivering, headache & feeling very unwell. Usually there is a severe aching in the back & limbs.

MEASLES

1. One of the most readily spread diseases.

2. Groups at risk: children from 8 mo. to 5 years.

3. Isolation important, in a well ventilated room, from fever onset for 2 weeks.

4. Quarantine impractical but very careful observation for fever or spots in the mouth.

5. Sterilisation of all clothes, linen, utensils etc.

6. Epidemics occur in Winter & Spring in all climates.

7. Caused by a virus infection affecting the respiratory system.

8. Spread by droplet from coughing, sneezing, kissing etc.

Highly contagious during the catarrhal stage.

9. Incubation period: 8-13 days to the onset of the fever, then 4 days to the rash.

10. Early recognition: A few hours after exposure to infection, we may develop the symptoms of measles & even a rash. This disappears after a day & the normal incubation period follows.

The onset is with catarrh of the eyes, photophobia (light is painful), sneezing, nasal discharge & feeling unwell. White spots in the mouth by the molar teeth.

11. Care: Child should be put to bed & kept there until 2-8 days after temperature normal.

Room temp. should be kept 68-70°F. (20-21°C.) day & night. Keep room in subdued light & avoid direct sunlight.

MUMPS

1. Highly infectious from person to person.

2. Groups at risk: 5-15 years, then again 18-25, chiefly males.

3. Isolation for 9 days from the onset of swelling of glands, less if swelling subsides.

4. Sterilisation of all articles soiled by secretions of nose & throat.

5. Epidemics occur all over the world in Winter & Spring.

6. Caused by a virus infection.

7. Spread by droplet & indirect contact with saliva.

8. Incubation period: 12-26 days, usually around 18 days.

9. Early recognition: In some cases, the 1st sign may be a swollen face but more usually fatigue, fever, headache & a sore throat arise a few days before the swelling.

10. Care: Should be kept in bed until the temperature has gone down & kept from school until swelling has gone down completely. If chewing is difficult, use a soft diet & liquids thru' a straw.

SCARLET FEVER

1. An acute infectious disease, highly contagious.

2. Groups at risk are ages 5-10 & also teenagers.

3. Isolation for a minimum of 4 weeks & until there is no discharge from the nose, ears, vagina or wound & until the nose & throat are apparently healthy.

4. Sterilisation advisable of anything patient has come into contact with.

5. Epidemics tend to occur in January, also cases in Summer. It occurs chiefly in the temperate zones.

6. Caused by bacterial infection.

7. Spread by droplet mainly, altho' toys, books etc. occasionally spread it. Milk infected by a carrier may cause a widespread outbreak.

8. Incubation period is 1-8 days,

usually 2-4 days.

9. Early recognition: A sudden fever, severe headache, sore throat, very fast pulse rate. The throat is red, the tongue is heavily furled with red spots showing thru'.

10. Care: On the 2nd day on the neck & chest 1st, spreading rapidly, it avoids the face, which is flushed, except around the mouth.

11. Care: Keep in bed for 2 weeks at least. At the outset, give a fluid or light diet. The mouth should be cleaned after each meal with some antiseptic.

A hot saline mouthwash helps the sore throat.

WHOOPING COUGH

1. The most serious of acute

childhood fevers.

2. Groups at risk: babies under 1 year, children 2-5 years.

3. Isolation esp. important during catarrhal stage & 1st 3 weeks of coughing.

4. Sterilisation (or disinfection) important. Include toys, pens, towels etc.

5. Occurs chiefly in late Winter & early Spring in all climates & geographical locations.

6. Caused by bacterial infection.

7. Spread by droplet, (coughing, sneezing, kissing), soiled articles including linens, towels, tissues, handkerchiefs, dust, door handles, toys etc. Very easily spread.

8. Incubation period: 6-18

days, no more than 21 days, usually a week.

9. Early recognition: If it is known to be going around, suspect the slightest sign of a cold, esp. when it develops a persistent cough. Only later does this develop the characteristic "whoop".

10. Care: The child should be kept as quiet as possible, since exertion & excitement provoke attacks. Feed right after an attack, fresh air & breathing exercises good. A liquid & non-irritating semi-solid diet is good. i.e. No toast or biscuits.

INFECTIOUS CHILDHOOD DISEASES CHART

ILLNESS	Incubation Period	Average Incubation	Period of Communicability	Most Infectious Period	Isolation Period
Chicken Pox	2-3 wks.	13-17 days	4 days before spots appear to 8 days after last crop of spots.	1st week of rash	7 days after rash appears. Sterilise linens & utensils.
Diphtheria	2-5 days	2-5 days	Variable, average 2 wks. or less. Carriers 6+ months.	1st 2 weeks	Full isolation until tests are clear. 14 days.
Hepatitis	15-50 days.	28-30 days.	Latter 1/2 of incubation until a few days after onset of jaundice.	-	From recognition until after onset of jaundice.
Influenza	24-72 hrs.	24-72 hrs.	3 days from its onset.	1st 48 hrs.	1st 48 hrs.
Measles	8-13 days to fever. 12 days to rash.	10 days	From fever onset to 4 days after rash appears.	same	From onset of fever to at least 10 days after rash appears.
Mumps	12-26 days	18 days	From 6 days before glands swell to 9 days after swelling. Urine up to 14 days after onset of illness.	48 hrs. before swelling starts.	Until swelling goes down or 9 days from onset of swelling.
Polio	3-21 days	7-21 days	From 36 hrs. after infection up to 3-6 weeks or longer.	7-10 days before & after onset of symptoms.	7-21 days after onset.
Rubella (Ger. Measles)	14-21 days	17-18 days	1 wk. before to 14 days after rash appears.	-	1 wk. after contact for 3 wks. or 2 wks. after diagnosis.
Tetanus	4-21 days	10 days	Not communicable	none	none
Whooping Cough (Pertussis)	7-21 days	7-10 days	From 1st cough to 3 wks. later. Catarrhal stage most infective.	Just before & during catarrhal stage.	5 wks. 14 days Quarantine of contacts.
Scarlet Fever	1-8 days	2-4 days	From 10-21 days untreated or 24 hrs. after a penicillin dose.	-	2 wks.

Little Miracles!

—Of God's encouragement, provision, protection & guidance to His children!

From Sos & Ahlai; S. America:

I'LL NEVER FORGET A

MIRACLE OF ENCOURAGEMENT

—The Lord did for us while

In some difficult days living in a pension alone & trying to pioneer a new city. One day while

Sos was busy arranging documents, house-hunting & fitting in, I took all 4 children out to provision our needs.

I HAD THE BABY IN MY

ARMS, 2 hanging onto my skirt & the oldest was pushing the stroller full of bags & bottles, & boy was I struggling down that busy crowded city street! TTL we just couldn't do it in our own strength, & finally we just pulled over to pray.

WHEN WE OPENED OUR

EYES, THERE WERE 2 VERY

OLD LADIES, foreigners—they

were sure weren't from here as they

were very white with white hair,

in their 80s at least, & we could

not understand a word they said!

But they were leaning way over into our circle to hear our prayer!

THEY HAD THE SLOWEST

MOST TRANQUIL SPIRIT in the midst of all that city confusion, & finally one said in broken English, "You are like a beautiful garden, full of beautiful flowers!" Wow!—And she slipped a very large donation into one of the children's hands, gave us a most angelic smile & puttered down the street! All of us still believe these "foreigners" were from Heaven—angels! TTL!

HEARING ABOUT DAD RE-

BUKING THE JUNGLE MUSIC

reminds us so much of another little miracle that happened to us.

The "Carnaval" is the biggest

festival of the year, 4 whole days of

non-stop jungle music, drinking

& drums beating all hours of the

night. This year we really wanted to spare our children, as last

year we were unknowingly in a downtown hotel right in the thick of it.

THE WEEK BEFORE CARNAVAL WAS TO START, I was following up on some new friends we'd met, & on the phone one asked me what we had planned for Carnaval. I told him we'd really like to "flee" as we couldn't take the jungle music. He laughed & that was about it.

TWO DAYS LATER A CAR ARRIVED AT OUR DOOR WITH

a note from this man saying he would pick us up at 9:00 the next day to take us to a beautiful beach resort where he'd arranged several days of luxurious accommodations for us & the children!

IT WAS WONDERFUL! While there we were able to celebrate Dad's birthday on Feb. 18th, Ahlai's on the 19th & our betrothal on the 20th, which really inspired our friend that the Lord had used him to give us such a present!

From Psalms & Angelique:

A FEW WEEKS AGO WE

WERE DRIVING HOME & I'd just finished telling our little boy Michael how good he'd been that day & how quietly he'd sat in the car.

JUST THEN SOMETHING DROPPED ONTO THE ROAD.

We looked around but there were no other cars around that could have fallen out of.

The Lord had dropped a nice new toy truck out of the sky for Michael, just to reward him for being good. As we stopped to pick it up, Michael said, "Just like 'The Dime From the Sky'!"

From Jed & Esther; Europe:

ONE MORNING AS USUAL I WAS OFFERED A MOTOR-

Music That Will Shake The World! His-story of MWM!

"Music With Meaning" began as our largest outreach in Asia & will soon reach the world!

The Early Beginnings!

From Simon Peter

Dear Family,

GBY ALLI WELL HERE WE

ARE ON THE EVE OF A NEW &

EXCITING WORLDWIDE

WITNESSING MINISTRY!—One

that has gone far beyond any-

thing that we could have possi-

bly dreamed of as we sat under

the shade of a palm tree on a

beautiful beach in Goa, India,

Christmas Day 1976 and heard

the first "Music With Meaning"

programme wafting out of the

clear blue evening sky, trans-

mitted to us from the tropical

island of Sri Lanka (formerly

Ceylon) 1000 miles away!

AS WE LISTENED TO THE

1ST 4 SONGS ON THAT 1ST

MWM SHOW—"My Love Is

Love" from the Paris Family—

"Alexander" from Jeremy Spener,

"The Road" from Chronicles,

& Simon Black singing

"Born Free"—what a thrill we

had when we realised that these

Family songs, inspired by the

Words & the Love of God, were

simultaneously being heard not

only over the vast expanse of

India itself, but also across the

hugely populated countries of

Pakistan, Burma, Bangladesh &

some of the Arabian Gulf coun-

tries too! What a miracle! What a vision! What a breakthrough!

THE STORY REALLY BE-

GINS, THO', IN LONDON IN

1974 with a talk that Hoses gave

on the potential of using the ra-

dio as a means of witnessing.

He had recently been

travelling in some of the North

African & Third World countries



had noticed the fact that com-

pared with the West, the stand-

ard of broadcasting in these less

developed countries was very

low.

HE HAD THE CONVICTION

THAT WE OURSELVES HAD

ENOUGH MUSICAL TALENT

to be able to produce a pro-

gramme that would be eagerly

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