



# Ear Infections (Otitis Media)

## What Are They?

Infection of the middle ear, or otitis media, is an infection of the part of the ear behind the eardrum. It is usually a complication of an upper respiratory infection, such as a cold. It can be acute (new), chronic (persistent), or serious (associated with fluid that does not contain germs). Otitis media is more common in young children because the tube that connects the middle ear to the nasal passages is very short and straight, making it easy for bacteria in the mouth and nasal passages to reach the inner ear. Most ear infections are caused by bacteria.

## What Are the Symptoms?

Symptoms result from swelling of the middle ear. The child may cry persistently, tug at the ear, have a fever, be cranky and unable to hear well. When infection occurs, pus develops, pushes on the eardrum, and causes pain and often fever. Sometimes the pressure is so great that the eardrum bursts and the pus drains out into the ear canal. Although this can frighten parents, the child feels better and the hole in the eardrum will heal over. Today, the biggest problem from otitis media is the potential for hearing loss. Fluid may remain in an ear as long as six months after an infection is gone.

## Who Gets It and How?

Middle ear infections are common in children between the ages of one month and six years, and most common under age three. Some children develop ear infections a few days after a cold starts. Some children have one infection after another, whereas others never have any. Conditions that increase a child's risk of ear infections are frequent colds, allergic runny noses, bottle propping, exposure to smoke and attendance in child care.

## When Should People with this Illness Be Excluded?

Since ear infections themselves are not contagious, there is no reason to exclude a child with one from your facility unless they have a high fever or cannot participate in activities because of pain.

## How Can I Limit the Spread?

Prevent the spread of colds and other upper respiratory infections which may lead to otitis media.

Special care notes for children who have frequent ear infections:

- Never use cotton swabs and never put anything smaller than your finger into a child's ear. Do not allow the child to do so, either.
- Do not feed or bottle-feed infants lying on their backs.
- Be especially alert for any sign of hearing or speech problems that may develop. Refer the child to the family's health care provider or other community resources.
- Be sure that antibiotics are taken for the full amount of time prescribed to avoid resistant infections.

Special care notes for children who have ear tubes:

- An ear tube creates a hole in the eardrum so fluid and pus may drain out. It usually stays in for three to six months.
- Since pus can drain out, water from the outside world (which has germs in it) can also run into the middle ear easily. Therefore, you must be very careful that children with tubes do not get water in their ears. This usually means no swimming unless there are special earplugs and permission from the health care provider. Watch for any sign of hearing or speech problems.



**California Childcare Health Program**

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