Infections in daycares

Diseases	Infectious conjunctivitis	Whooping cough	Epidemic diarrhea	Erythema infectiosum, or fifth disease	Impetigo	Influenza	Viral meningitis	Otitis media	Pediculosis (lice)	Streptococcal pharyngitis and tonsillitis and scarlet fever	Hand, foot and mouth disease	Cold	Chicken pox
Symbols	✓	✓ ↯	✓ ↯	✆	↯ ✆	↯ ✆	✆		✆	↯ ✆		↯	↯ ✆
Definition	Eye infection caused by a virus or bacterium	Highly contagious bacterial disease. May be very serious among nursing infants.	Intestinal affliction that may be caused by various infectious agents. Runny and frequent stools in at least 2 children of the same group in less than 48 hours.	Benign viral disease characterized by a rash. More frequent among children over 5 years. Occurs especially in winter and spring.	Bacterial skin infection caused by Streptococcus A or Staphylococcus aureus.	Acute and highly contagious viral infection caused by the influenza virus.	Inflammation of the lining of the brain caused by various types of viruses. Especially frequent in summer and fall.	Middle-ear inflammation caused by bacteria or viruses. More frequent in winter and spring.	Parasitic infestation of the scalp. Epidemics of pediculosis are frequent in day-cares.	Throat or tonsil infection caused by Streptococcus A. If the infection is accompanied by a rash, it is most likely scarlet fever.	Infection caused by viruses of the Coxsackie group. More frequent in summer and fall.	Acute viral infection of the upper respiratory tract caused by several types of viruses.	Frequent and highly contagious viral disease occurring most often at the end of winter and early in the spring.
Incubation period	Variable. Generally between 12 and 72 hours.	From 7 to 10 days, rarely more than 14.	Variable. From a few hours to a few days.	Generally from 4 to 14 days, but may be as long as 20 days.	From 1 to 10 days.	From 1 to 3 days.	From 3 to 6 days.	Not applicable.	Approximately 10 days.	From 1 to 5 days.	From 3 to 5 days.	From 12 to 72 hours.	From 10 to 21 days. Most often from 14 to 16 days.
Period of infectiousness	Viral infection: from 1 to 2 weeks. Bacterial infection: especially during discharge period. Infectiousness is greatly reduced with treatment.	If treated: up to 5 days after the start of treatment. If not treated: up to 3 weeks after the onset of coughing fits.	As long as the microbe persists in the stools, but especially during the period of runny stools.	Up to 7 days before the appearance of the rash. Ends when the rash appears.	Rarely more than 24 to 48 hours after the start of oral administration of antibiotics. Until the lesions are dry, if local treatment is applied (ointment).	24 hours before the onset of symptoms and up to 5 to 7 days after.	Corresponds to the period when the virus is excreted in the stools, or several weeks. However, meningitis occurs very rarely among individuals in contact.	Otitis is not contagious.	Until the destruction, through effective treatment, of viable eggs (nits) and live lice in the hair and personal effects.	Up to 24 hours after the start of antibiotic treatment. If not treated, from 10 to 21 days.	Maximal during the disease's acute phase.	From 24 hours before the onset of symptoms up to 5 days after.	From 1 to 2 days before the appearance of the rash and up to 5 days after, or until the lesions form a crust.
Duration of the disease	Variable, depending on the microbe in question.	From 1 to 2 months. An infection of the upper respiratory tract during the year that follows may cause symptoms similar to those of whooping cough.	Variable, depending on the microbe in question.	Up to 3 weeks or longer.	Rarely more than 7 days with adequate treatment.	From 2 to 7 days.	Rarely more than 10 days.	Variable.	As long as effective treatment has not been applied.	Rarely more than 7 days.	Generally less than 10 days	From 2 to 10 days.	From 7 to 10 days.
Mode of transmission	Through contact with the ocular or respiratory secretions of an infected individual, via the hands, objects (towels, washcloths, makeup) or pool water.	Through contact with droplets from the nose or throat of an infected individual.	Through contact with hands or objects (toys, changing table, etc.) contaminated with the stools of an infected individual. Through ingestion of contaminated foods. Risk of transmission greater if diarrhea occurs among children using diapers.	Through inhalation of contaminated respiratory secretions. Through contact with objects or hands contaminated with secretions. From mother to child during pregnancy.	Through contact with skin lesions or droplets from the nose and throat of infected individuals or those carrying the microbe. Through contact with contaminated objects.	Through contact with droplets from the nose and throat of an infected individual. Through contact with contaminated objects	Through contact with hands or toys contaminated with an infected individual's stools.	Otitis is often a complication of a cold, which is what is transmitted from one child to the next.	Primarily through head-to-head contact with an infected individual. More rarely, through contact with an infected individual's personal effects (brush, comb, hat, etc.).	Most often through contact with droplets from the nose and throat of infected individuals or those carrying the microbe.	Through contact with throat secretions or stools of an infected individual (whether symptomatic or not), or through inhalation of contaminated droplets.	Through contact with droplets from the nose and throat of an infected individual. Through contact with objects or hands freshly contaminated with secretions.	Through contact with blisters or through inhalation of droplets from the nose and throat of infected individuals.
Symptoms	Redness, swollen eyelids, sensitivity to light, purulent discharge, eyelids crusted in the morning, impression of foreign matter in eye.	Nasal discharge, weeping eyes, coughing fits, often followed by vomiting.	Nausea, vomiting, abdominal pain, diarrhea, fever.	Rash starting on the face (very red cheeks) and spreading to the torso and limbs .The rash is aggravated by sunlight and heat as well as physical exercise. Asymptomatic in 25% of cases. Infection during pregnancy can have harmful effects on the foetus.	Purulent and crusted skin lesions, especially on the face (nose, mouth, chin) and behind the ears. The lesions may also spread to the torso, hands and buttocks of young children. Generally heal without scarring.	High fever, chills, headaches, muscular pain, fatigue, exhaustion, coughing.	Sudden onset with fever, headaches and stiff neck. Possibility of respiratory, gastro-intestinal and skin (rash) symptoms.	Fever, pain (the child will keep one hand on the affected ear), prolonged crying without obvious reasons, irritability in nursing infants, diminished appetite.	Itching, scratches or secondary infections due to scalp infestation.	Pharyngitis, tonsillitis: high fever, sore throat, nausea and vomiting, swollen lymph glands on the neck. Scarlet fever: besides the above symptoms, raspberry tongue and rash on the neck, chest, crook of elbows, knees and groin, followed by scaling (peeling skin).	Fever and redness in the form of blisters around the mouth and on the hands and feet.	Nasal discharge, weeping eyes, sore throat, coughing, mild fever.	Mild fever, generalized rash accompanied by itching. The rash evolves over time: redness, blisters, crust.
Treatment	Ophthalmic antibiotic ointment or drops.	Antibiotics to reduce the period of infectiousness. Rest. Have the patient drink small quantities frequently.	Have the patient drink small quantities of oral hydration solution frequently. (e.g., PedyaliteMD, GastrolyteMD) Refer to the physician if presence of blood in the stool, or if diarrhea is accompanied by frequent vomiting, a deteriorated general condition or high fever. Anti-diarrhea medication is contraindicated.	No specific treatment. Rest	Oral or local (ointment) antibiotic If possible, cover the lesions with a bandage. Clean the skin with soapy water and dry well. Ensure the child's nails are short and that he or she does not scratch.	Rest, acetaminophen as needed. Have the patient drink more liquids. If the patient has a chronic disease or is immunosuppressed, specific treatment may be applied to avoid complications.	None.	Oral antibiotics often necessary Acetaminophen in case of fever or pain.	Local treatment: apply anti-lice cream or shampoo twice with 7 days between applications. If live lice are observed 48 hours after first application of the product, the recommendation is to repeat treatment immediately with another product and to follow with another application 7 days later. Preventive treatment for non-infested individuals is not recommended.	Oral antibiotics. Acetaminophen as needed. Rest, have the patient drink more liquids, give soft, cold foods.	No specific treatment.	No specific treatment. Rest, have the patient drink more liquids. Acetaminophen in case of fever.	Keep the skin clean by giving a bath or shower twice a day with water and soap. To avoid scarring, do not scratch. Keep nails short.
Prevention and control measures	Intensify hygiene measures. Clean eye secretions with a compress, cotton or paper tissue, going from the inside of the eye toward the outside. Use a separate tissue for each eye and for each child, discarding used tissues immediately in a closed wastebasket. Wash the child's hands. Wash hands before and after application of treatment and after any contact with contaminated secretions. No swimming in case of discharge from eyes. In the event of 3 or more cases, or 2 cases in the same group, notify the health centre and inform the parents according to the health centre's advice.	Check with the parents that the diagnosis was made by a physician. Notify the health centre, or Public Health, and inform the parents according to the health centre's advice. Check with the health centre for the procedures to follow for individuals in contact. Monitor the appearance of symptoms among individuals in contact and refer them to the physician if necessary.	Adopt proper technique for handwashing and changing diapers. Use of alcohol-based gel is recommended. Use only paper diapers. Do not allow those who prepare and serve meals to change diapers. Daily wash and disinfect items (toys, toilets, changing table, etc.). Check the possibility of food poisoning. In the event of several cases of diarrhea in the same group, inform the health centre, or Public Health, and check the procedure to follow. Inform the parents according to the health centre's advice. Monitor the appearance of symptoms among individuals in contact and refer them to the physician if necessary.	Reinforce hygiene measures, especially handwashing. Check with the parents that the diagnosis was made by a physician. Notify the health centre and inform the parents according to the health centre's advice. Refer the following to their physician: pregnant women, individuals with hemolytic anemia and those who are Immunosuppressed.	Reinforce hygiene measures, especially handwashing. Check with the parents that the diagnosis was made by a physician. Notify the health centre in the event of 2 or more cases and inform the parents according to the health centre's advice. If there are two or more cases at the day-care, administering oral treatment along with topical treatment will help control the outbreak by reducing the contagious period. Monitor the appearance of symptoms among individuals in contact and refer them to the physician if necessary.	Reinforce hygiene measures, especially handwashing. Teach the child to blow his or her nose, use a paper tissue and discard the tissue immediately in the wastebasket. Teach the child to cover his or her nose and mouth by using the crook of the elbow when coughing or sneezing. Properly ventilate and humidify rooms. Check with the parents that the diagnosis was made by a physician. Notify the health centre and inform the parents according to the health centre's advice. Annually vaccinate individuals at risk, including children aged 6 to 24 months, as well as day-care personnel who care for children under 2 years.	Reinforce hygiene measures; especially handwashing and disinfection of toys and surface Properly ventilate the premises. Check with the parents that the diagnosis was made by a physician. Notify the health centre and inform the parents according to the health centre's advice.	Reinforce hygiene measures, especially handwashing. Teach the child to blow his or her nose, use a paper tissue and discard the tissue immediately in the wastebasket. Teach the child to cover his or her nose and mouth by using the crook of the elbow when coughing or sneezing. Never put a child to bed with a bottle, as doing so increases the risk of otitis.	Do not share personal items (hairbrushes, combs, hats, pillowcases). Do not share personal items (hairbrushes, combs, hats, pillowcases). Notify the health centre. Send a letter to all parents.	Check with the parents that the diagnosis was made by a physician. Notify the health centre and inform the parents according to the health centre's advice. If symptoms appear among individuals in contact, refer them to the physician.	Reinforce hygiene measures, particularly handwashing and diaper-changing technique. Disinfect surfaces and toys. Ventilate rooms adequately.	Reinforce hygiene measures, especially handwashing and disinfection of toys. Teach the child to blow his or her nose, use a paper tissue and discard the tissue immediately in the wastebasket. Teach the child to cover his or her nose and mouth by using the crook of the elbow when coughing or sneezing. Properly ventilate and humidify rooms.	The chickenpox vaccine may be administered within 5 days after contact with an individual with chickenpox. Notify the health centre. Send a letter to the parents. Refer the following to the physician: Immunosuppressed individuals and pregnant women who have never had the disease.
Exclusion	No exclusion, except in the case of an epidemic. In case of fever or extensive symptoms in the eye, refer the child to the physician and readmit him or her according to the physician's recommendation.	Exclude the child until the end of the period of infectiousness.	The exclusion of affected children is often necessary. Normally, children may be read-mitted once the diarrhea stops.	Do not exclude the child if his or her state of health permits him or her to participate in group activities.	Exclude the child for at least 24 hours after the start of treatment. Without treatment, exclusion until the lesions disappear.	Do not exclude the child if his or her state of health permits him or her to participate in group activities.	The child may return to the day-care once his or her state of health permits him or her to participate in group activities.	Exclude the child who has discharge in the ear, whether treated or not.	Exclude the child from the day-care until the first application of treatment.	Exclude the child up to 24 hours after the start of treatment and until his or her state permits participation in group activities.	Do not exclude the child if his or her state of health permits him or her to participate in group activities.	Do not exclude the child if his or her state of health permits him or her to participate in group activities.	Do not exclude the child if his or her state of health permits him or her to participate in group activities.

Legend ✓ Reportable disease (MADO) ↯ Urgent intervention ↯ Highly infectious disease ✆ Report case to health centre ⌂ Exclude from day-care

june 2008

NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES
REGIE REGIONALE DE LA SANTE ET DES SERVICES SOCIAUX NUNAVIK
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ᐯᓇᑦᓯᐱᖕᓂ ᐊᑦᑐᑦᑐᑕᐅᓲᑦ ᐋᓐᓂᐊᑦ

ᐋᓐᓂᐊᑦ	ᐃᓯᒃᑯᑦ ᐊᐅᐸᕐᓯᓯᒪᓂᖅ	ᖁᐃᔾᔪᑦᑖᖅᑕᓂᖅ	ᐊᓇᖅᑕᕐᓂᖅ	ᖁᐱᕐᕈᐊᕈᔪᖅ ᐅᐱᓂᒃᑯᑦ ᐊᐅᐸᕐᓯᓇᕐᑐᖅ	ᑲᓛᓂᖅ	ᖃᓂᒪᓇᖅ ᓄᕙᖕᓇᐅᔪᓂ	ᖁᐱᕐᕈᐊᕈᔪᖅ ᐃᒻᒪᓇᖅᑐᖅ	ᓯᐅᓯᓇᓂᖅ	ᑯᒥᑦ	ᐃᒻᒥᐊᓕᓇᖅᑐᖅ ᕿᓂᖅᓯᓕᓇᖅᑐᓗ ᐊᒻᒪ scarlet fever	ᐋᓐᓂᐊᖅᑲᖅᓂᖅ ᐊᒻᒪᑯᑦ, ᐃᑕᒪᒃᑯᑦ ᖃᓂᒃᑯᓗ	ᓄᕙᖕᓇᖅ	ᐊᐅᐸᓗᒃᑳᓐᓇᖅ
ᓇᓗᓐᓂᒃᑯᑎᑦ	✓	✓ ⚡ ✖ ☎ ⌂	✓ ⚡ ✖ ☎ ⌂	☎	✖ ☎ ⌂	✖ ☎	☎		☎ ⌂	✖ ☎ ⌂		✖	✖ ☎
ᑐᑭᖓ	ᐃᓯᒃᑯᑦ ᐋᓐᓂᐊᒥᒃ ᐊᑦᑐᐃᑦᑐᓯᒪᓂᖅ ᖁᐱᕐᕈᐊᕈᔪᕐᒧᑦ.	ᐊᑦᑐᑦᑐᑦᑕᐅᓯᒪᓂᕐᒧᓐᓇᖅ ᐋᓐᓂᖅ. ᐊᓕᓪᓚᑎᑦᑐᔪᓄᑦ ᓄᑦᑕᖅᑲᓄᑦ ᐊᑦᑕᖅᓯᒍᑦᑐᖓᓐᓂᖅ.	ᐃᖅᑲᐃᓕᓇᓐᓇᖅᑐᖅ ᐊᑦᑐᑦᑐᒃᐳᓂᐅᔪᖅᐸᕆᓂ. ᐊᓇᖅᑕᖅᑐᖅ ᐊᓇᕐᓯᖅᑕᖅᑐᓂᒃ ᓯᕗᓂᖅᓴᐅᓗᓂ ᒪᖅᑐᐃᓐᓇᐅᕙᒃᑐᖅ ᑖᕙᓂᖓᓇ ᑲᑎᒪᒃᑕᖅ ᕿᑦᑎᖓᓂᒃ 48 ᐃᓗᐊᓂ.	ᖁᐱᕐᕈᐊᕈᔪᖅ ᐊᑦᑐᑦᑐᐃᔪᖅ ᐅᐱᓂᒃᑯᑦ ᐊᐅᐸᕐᓯᔪᑦᑐᖅᑐᖅ. ᑲᑲᓕᑦ ᐅᑭᐅᖓᑦ ᑕᓪᓚᑦ ᐅᓪᓚᖓᓂᑦ ᐅᑎᖅᑐᒥᒃ ᐋᓐᓂᐊᖅᑐᕐᓂᒃᐳᑦ. ᐅᑭᐅᒥᓗ ᐅᐱᕐᖓᓴᐅᕐᓗᓂ ᖃᓄᐃᑦᑐᓐᓂᐅᑉᐳᓂᐊᕐᒥᒐᓂ.	ᐅᐱᓂᓕᖓᓂᖅ ᐊᑦᑐᑦᑐᔪᖅ ᖁᐱᕐᕈᐊᕈᔪᕐᓄᑦ (Streptococcus A or Staphylococcus aureus) ᐅᑎᖅᑐᖅ.	ᖃᓄᐃᑦᑐᕐᓂᖅ ᐊᑦᑐᑦᑐᑦᑕᐅᓯᒪᓂᕐᒧᓐᓇᖅ ᖁᐱᕐᕈᐊᕈᔪᖅ ᓄᕙᖕᓇᐅᔪᓂ ᖁᐱᕐᕈᐊᕈᔪᓐᓂ ᐅᑎᖅᑐᖅ.	ᐃᓕᓴᕆᔭᖅ ᖃᓇᑦᑐᖅ ᔫᓯᓚᒃ ᖁᐱᕐᕈᐊᕈᔪᕐᓄᑦ ᐅᑎᖅᑐᖅᓯᓂ. ᖃᓄᐃᑦᑐᓐᓂᐅᑉᐳᓂ ᐊᐅᔭᒥ ᐅᑭᐅᖅᓯᒪᓕᕐᓂ.	ᓯᐅᑎᒥ ᕿᓂᖅᒐᑦ ᐃᓕᓯᒪᔪᖅ ᖁᐱᕐᕈᐊᕈᔪᕐᓂ. ᖃᓄᐃᑦᑐᓐᓂᐅᑉᐳᓂ ᐅᑭᐅᖅ ᐅᐱᓂᖅᓯᒪᓕᕐᓂ.	ᓂᐊᖁᒃᑯᑦ ᑯᒦᑦ. ᐯᓇᑦᓯᐱᓕᒥᑦ ᑯᒦᑦᑕᖅᑲᑦᓯᐊᖅ.	ᐃᒻᒥᐊᓕᓇᖅᑐᖅ ᕿᓂᖅᓯᓕᓇᖅᑐᓗ ᖁᐱᕐᕈᐊᕈᔪᕐᓂ (Streptococcus A) ᐅᑎᖅᑐᖅᑐᒥᒃ. ᐃᒻᒥᐊᓕᓂᖅ ᐊᐅᐸᕐᓯᓯᒪᓂᖅ, ᐅᑎᓕᕿᐅᖅᑐᐃᓐᓇᐅᓇᐊᖅ ᖃᓄᐃᓐᓇᖅᑐᖅ (Scarlet fever).	ᐃᓕᓴᕆᔭᕿᔪᖅ ᖁᐱᕐᕈᐊᕈᔪᕐᒥᓂᖅ (Coxsackie group). ᐊᐅᔭᒥ ᐅᑭᐊᖅᓴᒥ ᖃᓄᐃᑦᑐᓂᖅᑲᐅᔪᖅ.	ᐃᓕᓴᕆᔭᖅ ᐊᓂᖅᑎᓇᕐᒧᑦ ᐊᑦᑐᐃᓐᓇᕐᑐᓂ ᖁᐱᕐᕈᐊᕈᔪᕐᓂ ᐅᑎᖅᑐᖅ.	ᐊᑦᑐᑦᑐᑦᑕᐅᓯᒪᓂᖅᑐᖅ ᖁᐱᕐᕈᐊᕈᔪᖅ ᖃᓄᐃᑦᑐᓐᓂᐅᑉᐳᓂᐅᔪᖅ ᐅᑭᐅᖅᓯᐅᖅᑎᐊᕐᑎᓗᒍ ᐊᒻᒪ ᐅᐱᕐᖓᓴᐊᕐᑎᓗᒍ.
ᖃᓄᐃᒍᑕᐅᓕᖅ ᐸᓕᐊᓂᖏᓐᓂᑦ	ᐊᑦᑐᐃᓐᓇᕈᓐᓃᖅᑐᖅ. 12 ᐊᒻᒪ 72 ᐃᑲᐅᕐᓂᑦ ᐊᑯᓐᓂᖓᓂ.	ᐅᓪᓗᓂ 7-ᓂᑦ 10-ᓄᑦ, ᐅᓪᓗᐃᑦ 14 ᐅᖓᑖᓄᑦᓴᕿᔾᔪᑎᓗᐊᖅ.	ᐊᑦᑐᐃᓐᓇᕈᓐᓃᖅᑐᖅ. ᐃᑲᐅᕐᓂᑐᕐᓇᖅᑐᖅ ᐃᑉᐳᑦᑐᓂᒃ ᐅᓪᓗᓂ ᓘᓐᓃᑦ ᐃᑉᐳᑦᑐᐊᐱᓂᒃ.	ᐅᓪᓗᕐᓂᖅᑐᖅ 4-ᓂᑦ 14-ᓄᑦ, ᑭᓯᐊᓂ 20-ᓂᒃ ᐅᓪᓗᑐᐃᓐᓇᐊᖅᑲᐅᔪᖅ.	ᐅᓪᓗᕐᓂᖅᑐᖅ ᐊᑕᐅᓯᕐᒥᒃ ᖁᓕᓐᓄᑦ ᐅᓪᓗᓄᑦ.	ᐅᓪᓗᕐᓂᖅᑐᖅ ᐊᑕᐅᓯᕐᒥᒃ ᐱᖓᓱᓄᑦ ᐅᓪᓗᓄᑦ.	ᐅᓪᓗᕐᓂᖅᑐᖅ ᐱᖓᓱᓂᒃ ᐱᖓᔪᖅᑐᓄᑦ ᐅᓪᓗᓄᑦ.	ᑕᑯᔪᒥᖓᑐᖅ ᐊᑦᑐᐃᓐᓇᖅᑐᖅ.	ᒥᑦᓴᐅᔩᓯᒥᑦ ᐅᓪᓗᕐᓂᖅᑐᖅ ᖁᓕᓐᓂᒃ.	ᐅᓪᓗᕐᓂᖅᑐᖅ ᐊᑕᐅᓯᕐᒥᒃ ᑕᓪᓕᒪᓄᑦ ᐅᓪᓗᓄᑦ.	ᐅᓪᓗᕐᓂᖅᑐᖅ ᐱᖓᓱᓂᒃ ᑕᓪᓕᒪᓄᑦ ᐅᓪᓗᓄᑦ.	ᐅᓪᓗᕐᓂᖅᑐᖅ ᖁᓕᓗ ᒪᕐᕉᓐᓂᒃ 72-ᓄᑦ ᐅᓪᓗᓄᑦ.	ᐅᓪᓗᕐᓂᖅᑐᖅ ᖁᓕᓐᓂᒃ ᐊᕙᑎᓗ ᐊᑕᐅᓯᕐᒧᑦ ᐅᓪᓗᓄᑦ. ᐅᓪᓗᕐᓂᖅᑐᖅ 14-ᓂᑦ 16-ᓄᑦ.
ᐊᑦᑐᐃᓐᓇᖅᑐᖅ ᓂᖅᐸᓕᐊᓂᖏᓐᓂᑦ	ᖁᐱᕐᕈᐊᕈᔭᐅᑉ ᒪᓕᑦᓴᐅᑎᓯᐊᖅᑐᖅ ᐊᑦᑐᐃᓐᓇᕆᐊᓕᒃ: ᐊᑕᐅᓯᕐᒥ ᐱᓇᓱᐊᕆᐊᓕᒃ ᒪᕐᕉᓄᑦ ᐱᓇᓱᐊᕆᐊᓂᑦ. ᖁᐱᕐᕈᐊᕈᔪᖅ ᒪᓕᑦᓴᐅᑎᓯᐊᖅᑐᖅ ᐊᑦᑐᐃᓐᓇᕆᐊᓕᒃ: ᐊᑦᑐᐃᓐᓇᕆᐊᓕᒃ ᒪᓕᑦᓴᐅᑎᓄᑦ.	ᒪᓕᑦᓴᐅᑎᓄᑦ: ᐅᓪᓗᓂ ᑕᓪᓕᒪᓂ ᒪᓕᑦᓴᐅᑎᖃᕐᓯᒪᓕᕐᓂ. ᒪᓕᑦᓴᐅᑎᖃᖅᑐᓄᑦ: ᐱᓇᓱᐊᕆᐊᓕᒃ ᐱᖓᓱᓂ ᖁᐃᔾᔪᑦᑖᖅᑕᓕᕐᓂ.	ᖁᐱᕐᕈᐊᕈᔪᖅ ᐊᓇᖅᑕᕐᓂᖓᓂᒃ ᐱᓗᐊᖅᑐᖅ ᐃᓚᒌᓐᓇᕐᒥ ᐊᓇᖅᑕᖅᑎᓪᓗᒋᑦ.	ᐅᓪᓗᐃᑦ ᓯᑲᓗᐊᖅᐸᓪᓕᐊᔪᖅ ᑎᑭᑦᑎᒋᑦ ᐅᐱᓂᒃᑯᑦ ᐊᐅᐸᕐᓯᓇᕐᒥ. ᐋᖅᑭᔪᖅ ᐅᐱᓂᒃᑯᑦ ᐊᐅᐸᕐᓯᔪᖅᑐᖅ.	ᐃᑲᐅᕐᓂᑦ 24-48 ᐅᖓᑖᓄᑦᓯᒪᓕᕐᓂ ᐋᓐᓂᐊᕐᓂᖅ ᐃᓕᓴᖅᑕᐅᓕᕐᓂ. ᑭᓪᓕᖏᑦ ᐸᓂᓕᐅᕐᓇᓂᑦ. ᒥᖅᑯᐊᑦᑐᖅᑕᑦᑎᓂ.	ᐃᑲᐅᕐᓂᒃ 24-ᓂ ᒪᒃᑭᓐᓂᖅᑕᐅᓯᒪᓂ ᐊᒻᒪ ᐅᓪᓗᐃᑦ ᑕᓪᓕᒪᓂ ᓯᑲᓗᐊᖅᐸᓪᓕᐊᔪᐃᓐᓇᖅ ᑭᓐᓂᖅᑐᖅ.	ᖁᐱᕐᕈᐊᕈᔪᖅ ᐊᓇᖅᑕᖅᑕᐅᑉᑕᓗᐊᖅᑐᐃᑦ, ᐅᓂᒃᑲᖅᑐᖅ ᐱᓇᓱᐊᕆᐊᓕᒃ ᐊᓯᐊᓄᑦ ᓇᓪᓕᐅᓂᕐᒥ. ᑭᓯᐊᓂ, ᖃᓄᐃᑦᑐᓐᓂᐅᑉᐳᓂ ᐃᓚᒌᓐᓇᕐᒥᓐᓂ ᐊᑦᑐᐃᓐᓇᖅᑐᖅ.	ᐊᑦᑐᐃᓐᓇᕐᓂᖓᓂᒃ ᓯᐅᓯᓇᓂᖅ.	ᓄᑯᑦᑐᓂᒃ ᐃᓕᓴᖅᑕᐅᑉᐳᑦ ᑯᒦᑦ ᓄᖅᑲᖅᑕᐅᑉᐳᓂ, ᒪᓕᑦᓴᐅᑎᓄᑦ.	ᐃᑲᐅᕐᓂᒃ 24-ᓂ ᐋᓐᓂᐊᕐᓂᖅ ᒪᓕᑦᓴᐅᑎᓄᑦ. ᒪᓕᑦᓴᐅᑎᖃᖅᑐᓄᑦ, 10-ᓂᑦ 21-ᓄᑦ ᐅᓪᓗᓄᑦ.	ᐊᑦᑐᐃᓐᓇᕐᓂᕐᒥᒃ ᐋᓐᓂᐊᓐᓂᒃ ᓯᓚᓗᐊᓐᓂᒃ.	ᐃᑲᐅᕐᓂᒃ 24-ᓂᑦ ᒪᒃᑭᓐᓂᖅ ᓄᐃᓚᐅᖅᑐᖅ ᐅᓪᓗᐃᑦ ᑕᓪᓕᒪᑦ ᑎᑭᑦᑎᒋᑦ.	ᐅᓪᓗᒥ ᐊᑕᐅᓯᕐᒥ ᒪᒃᑭᓐᓂᖅ ᐊᐅᐸᓗᒃᑳᓐᓇᕐᓂᖅ ᐊᒻᒪ ᐅᓪᓗᐃᑦ ᑕᓪᓕᒪᑦ ᓇᓪᓕᐅᓂᖅᑕᓕᕐᓂ, ᐅᖓᑖᓄᑦ ᑭᓪᓕᖏᑦ ᑲᑎᒪᓂᓕᕐᓂ.
ᖃᓄᖅ ᐊᑦᑐᐃᓂᖅ ᖃᓂᒪᒍᑕᐅᓂᖓ	ᐊᑦᑐᐃᓐᓇᕈᓐᓃᖅᑐᖅ ᖃᓄᐃᓐᓂᖅ ᖃᓂᒪᒍᑕᐅᔪᖅ, ᖁᐱᕐᕈᐊᕈᔪᖅ ᖃᓄᐃᑦᑐᓂᖅ ᓕᓐᓂᒍ.	ᑎᑭᐅᓕᕐᒥ ᐅᓪᓗᓂ ᑎᑭᐅᖅ ᓕᐱᓂᒃ. ᐃᓕᓯᒪᔪᓂ ᐊᓂᖅᑎᓇᕐᒧᑦ ᐊᑐᖅᑕᐅᔪᑦ ᒪᒃᑭᓐᓂᖅᑲᓯᓗᐊᖅ ᖁᐃᔾᔪᑦᑖᖅᑕᓂᖅ ᒪᒃᑭᓐᓂᖅᓯᒪᔪᑦ ᐊᑦᑐᐃᓐᓇᖅᓯᒪᑦ.	ᐊᑦᑐᐃᓐᓇᕈᓐᓃᖅᑐᑦ, ᖁᐱᕐᕈᐊᕈᔪᖅ ᖃᓄᐃᑦᑐᓂᖅ ᓕᓐᓂᒍ.	ᐱᓇᓱᐊᕆᐊᖅ ᐱᖓᓱᓂ ᐅᖓᑖᓄᑦᓯᒪᓂ.	ᐅᓪᓗᒥ ᓯᑲᓗᐊᖅᐸᓪᓕᐊᔪᐃᓐᓇᖅᑐᓂᖅ ᒪᓕᑦᓴᐅᑎᖃᖅᓯᒪᓕᕐᓂ.	ᐅᓪᓗᕐᓂᖅᑐᖅ ᓕᐱᓂᒃ ᓯᑲᓗᐊᖅᐸᓪᓕᐊᔪᓂ ᓂᓪᓚᖅ.	ᖁᓕᓂᒃ ᐅᓪᓗᕐᓂᖅᑐᓐᓂᖅᑐᖅ.	ᐊᑦᑐᐃᓐᓇᕈᓐᓃᖅᑐᖅ.	ᒪᓕᑦᓴᐅᑎᖃᕐᓂ ᒪᓕᑦᓴᐅᑎᓕᒃᑐᓂ.	ᐅᓪᓗᓂ ᓯᑲᓗᐊᖅᐸᓪᓕᐊᔪᐃᓐᓇᖅᑐᓐᓂᖅᑐᖅ	ᐅᓪᓗᐃᑦ ᖁᓕᑦ ᒥᓯᓐᓂᒍ.	ᐅᓪᓗᓂ ᓕᐱᓂᒃ ᐅᓪᓗᓂ ᖁᓕᓐᓂᒃ.	ᐅᓪᓗᓂ ᓯᑲᓗᐊᖅᐸᓪᓕᐊᔪᓂ ᐅᓪᓗᓂ ᖁᓕᓐᓂᒃ.
ᖃᓄᖅ ᐊᑦᑐᑦᑐᑕᐅᓲᒍᓪᓚᕆᑦ	ᐊᑦᑐᐃᓯᒪᔪᓂ ᖃᓄᐃᓐᓂᖅᑐᓂᒃ ᐃᓱᒥᓂ ᐊᓂᖅᑎᓇᕐᒥᑦ ᓂᐅᖅᑐᖅᑐᓂᒃ (ᐊᒡᒐᕆᓂ, ᐊᒡᒐᕆᑎᐊᓂᑦ, ᕿᓇᕐᒥ ᐃᑉᐳᑎᓂᑦ) ᐃᒪᖓᓂᖅᑐᓂᒃ ᐳᐊᑦᓯᐊᕐᓂᑦ.	ᐊᑦᑐᐃᓂᕆᓂ ᑲᑭᖓᓂ ᐃᓕᕆᖓᓂᖅᑐᓂᒃ ᐱᔭᕐᓂ ᐊᑦᑐᑦᑐᓕᒃ.	ᐊᑦᑐᐃᓂᕆᓂ ᐊᓪᓚᕆᓂᖅ ᐊᑦᑐᑦᑐᓕᒃ ᐊᑦᑐᑦᑐᔭ ᐱᓂᕆᓂᖅᑐᓂᒃ (ᐱᒻᒪᔪᐊᓂᒃ, ᓇᕆᔭᐅᐃᓂᒃ, ᐊᓯᕆᓂᖅ) ᐊᓇᐅᑉᐱᔭᓯᒪᔭᐅᑉᐸᑦ. ᓂᓇᐃᐱᓂᐅᔪᓂ ᓱᒃᑲᔪᑦᑕᓕᕐᒥ. ᐊᑦᑐᑦᑐᓂᐅᔭᓂᕐᓂᒃᑐᕐᒥᒃ ᐊᓇᖅᑕᕐᒥᒃᑲᑦ ᑲᑲᓖᑦ ᓇᕐᒥᓯᒪᓕᕐᒥ.	ᓂᐅᖅᑲᖅᑕᖅᑲᖅᑲᑦ ᐊᓂᖅᑎᓇᔪᐃᖅ ᓱᒃᑲᔪᑦᑕᖅ ᐊᑦᑐᑦᑐᐃᕐᓂᕆᓂ. ᐊᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᐊᐸᐅᑎᓂᒃ ᖃᐅᔨᓴᖅᑕᐅᔭᖅᑐᓂᒃ ᐃᓚᒌᓐᓇᕐᒥ ᐊᑦᑐᐃᓯᒪᔪᓂ. ᐊᑖᓂᐅᔪᑦ ᐊᑦᑐᑦᑐᐃᓐᓇᖅᑐᖅ ᐱᐊᓯᖅᑲᖅ.	ᐊᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᐅᐱᓂᓕᕐᒥ ᑭᓪᓕᕐᒥᒃ ᑲᑎᖃᖅᑐᐊᕐᓂᖅᑐᓂᒃ ᐅᖓᑖᓄᑦᓯᒪᓕᕐᓂ ᐃᓕᓴᕆᔭᐅᑦ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐅᖓᑖᓄᑦᓯᒪᓕᕐᓂ ᖁᐱᕐᕈᐊᕈᔪᖅ ᐊᑦᑐᑦᑐᐃᔪᖅ ᐊᑦᑐᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᐊᐸᐅᑎᓂᒃ.	ᐊᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᑲᑎᖃᖅᑐᐊᕐᓂ ᐅᖓᑖᓄᑦᓯᒪᓕᕐᓂ ᐃᓕᓴᕆᔭᐅᑦ ᐊᑦᑐᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᐊᐸᐅᑎᓂᒃ ᖃᐅᔨᓴᖅᑐᓕᒃ.	ᐊᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᐱᒻᒪᔪᐊᓂᒃ ᐊᑦᑐᑦᑐᐃᓐᓇᕐᓂᖅᑐᓂᒃ ᐊᓇᐅᑉᐱᔭᓯᒪᔭᐅᑉ.	ᓯᐅᑎᒥ ᐃᓕᓴᕆᔭᖅ ᓄᕙᖕᓂᒃ ᐅᑎᖅᑐᖅ, ᑲᑲᓕᓄᑦ ᐊᑦᑐᑦᑐᓂᖏᓐᓂᒃ.	ᐊᑦᑐᐃᓐᓇᖅᑐᖅ ᐸᓇᐅᓐᓂᖅ ᐊᑦᑐᑦᑐᐃᔪᖅ. ᐱᓇᓱᐊᕐᕕᒃᑯᑦ ᐊᑦᑐᑦᑐᐃᓂᓕᕐᒧᑦ ᐃᓚᒌᓐᓇᕐᒥᒃ ᓄᑕᖅᑲᐅᔪᑦ ᐊᑦᑐᐃᓐᓇᕐᓂᕆᓂ. ᐃᓱᒥᓂ ᐊᓂᖅᑎᓇᕐᒥᑦ (ᐊᒡᒐᕆᓂ, ᐊᒡᒐᕆᑎᐊᓂᑦ, ᐊᓯᕆᓂᖅ).	ᐊᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᑲᑎᖃᖅᑐᐊᕐᓂᖅᑐᓂᒃ ᐅᖓᑖᓄᑦᓯᒪᓕᕐᓂ ᐃᓕᓴᕆᔭᐅᑦ ᐊᑦᑐᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᐅᖓᑖᓄᑦᓯᒪᓕᕐᓂ ᖁᐱᕐᕈᐊᕈᔪᖅ ᐊᑦᑐᑦᑐᐃᔪᖅ ᐊᑦᑐᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᐊᐸᐅᑎᓂᒃ. ᐊᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᑲᑎᖃᖅᑐᐊᕐᓂᖅᑐᓂᒃ ᐊᑦᑐᑦᑐᐃᔪᖅ ᐊᑦᑐᑦᑐᐃᔪᖅ ᐅᖓᑖᓄᑦᓯᒪᓕᕐᓂ ᖁᐱᕐᕈᐊᕈᔪᖅ ᐊᑦᑐᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ.	ᐊᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᐃᓕᓴᕆᔭᐅᑦ ᓄᕙᖕᓂᒃ ᐅᖓᑖᓄᑦᓯᒪᓕᕐᓂ ᐊᓇᓯᖅᑐᖅᓂᒃ (ᒪᒃᑭᓐᓂᖅᑲᓯᓗᐊᖅᓂ), ᐅᖓᑖᓄᑦᓯᒪᓕᕐᓂ ᓂᐅᖅᑐᖅᑐᓂᒃ ᖁᐱᕐᕈᐊᕈᔪᖅ ᐃᓕᓴᕆᔭᐅᑦ.	ᐊᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᐃᓕᓴᕆᔭᐅᑦ ᓄᕙᖕᓂᒃ ᐅᖓᑖᓄᑦᓯᒪᓕᕐᓂ ᑭᓪᓕᖏᑦ ᐃᓕᓴᕆᔭᐅᑦ. ᐊᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᐊᐸᐅᑎᓂᒃ ᖃᐅᔨᓴᖅᑐᓕᒃ ᐃᓕᓴᕆᔭᐅᑦ ᐅᖓᑖᓄᑦᓯᒪᓕᕐᓂ ᐊᓪᓚᕆᓂᖅ ᐊᑦᑐᐃᔪᖅ.	ᐊᑦᑐᐃᓐᓇᕐᓂᓪᓗ ᐅᐱᓂᒃᑯᑦ ᐃᓕᓴᕆᔭᐅᑦ ᐅᖓᑖᓄᑦᓯᒪᓕᕐᓂ ᓂᐅᖅᑐᖅᑐᓂᒃ ᖃᐅᔨᓴᖅᑐᓕᒃ ᑭᓪᓕᖏᑦ ᐃᓕᓴᕆᔭᐅᑦ ᐃᓕᓴᕆᔭᐅᑦ ᓄᕙᖕᓂᒃ.
ᒪᓐᓇᐅᓂᖏᑦ	ᐊᐅᐸᓗᒃᑕᓂᖅ, ᐃᓱᒥᑦ ᓴᓇᐅᓗᐃᑦ ᓱᓪᓕᓂᖅ, ᐃᓕᓐᓂᐊᕐᓂᖅ ᕿᓂᖅᓯᓕᓇᖅᑐᓂᖅ, ᓕᐱᓂᖅ, ᐅᓪᓗᓂ ᓯᑲᓗᐊᖅᐸᓪᓕᐊᓂᖅ, ᐊᐅᐸᓗᒃᑕᓂᖅ, ᐃᓱᒥᑦ ᓴᓇᐅᓗᐃᑦ ᓱᓪᓕᓂᖅ, ᐃᓕᓐᓂᐊᕐᓂᖅ ᕿᓂᖅᓯᓕᓇᖅᑐᓂᖅ, ᓕᐱᓂᖅ, ᐅᓪᓗᓂ ᓯᑲᓗᐊᖅᐸᓪᓕᐊᓂᖅ.	ᑲᑭᖓᓂᖅ, ᖁᐃᔾᔪᑦᑖᖅᑕᓂᖅ, ᖁᐃᔾᔪᑦᑖᖅᑕᓂᖅ, ᒥᓱᐊᓂᖅᑕᓂᖅ.	ᒥᓱᐊᕐᔪᕆᓂᖅ, ᒥᓱᐊᓂᖅᑕᓂᖅ, ᐃᓕᓐᓂᖅᑕᓂᖅ, ᐊᓇᖅᑕᕐᓂᖅ, ᐃᓇᕐᓂᖅ.	ᐱᓇᕈᑦ ᒪᕐᕉᓂᖅ (ᐅᓗᐊᒥᒍᑦ ᐊᐅᐸᓗᒃᑕᓂᖅ) ᓴᓇᐅᓪᓗᓂ ᑕᓪᓕᒪᓂ ᐊᐅᐸᕐᓯᓂᖅ. ᐊᐅᐸᓗᒃᑕᓂᖅ ᓯᑭᓂᖅ ᓯᓚᖓᓂᒪᒍᑦᑕᖅ ᐸᕐᓇᒍᑦ ᐊᒻᒪ ᐃᓚᒌᓐᓇᕐᒥᒃ. ᒪᓐᓇᐅᓂᖏᑦ 25-ᓂᑦ ᑎᑭᑦᑎᒋᑦ. ᖃᓄᐃᑦᑐᕐᒥᒃ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᓯᑦᑐᖅ ᓄᑦᑕᖅᑲᓕᒃ ᓯᑭᑦᑐᓂᐅᔭᖅᑕᓂᖅ.	ᐅᐱᓂᒃᑯᑦ ᑭᓪᓕᖏᑦ ᑭᓪᓕᓂᖅᑐᓂᖅ ᑲᑎᖃᖅᑐᐊᕐᓂ, ᐸᓇᒋᑦ ᐃᓱᒪᒋᒍᓐᓂ (ᑭᓪᓗᒋᑦ, ᖃᓂᒃᑯᑦ, ᑕᓗᑦ) ᓯᐅᑎᑦᑕ ᑐᓄᐊᒍᑦ. ᑲᑲᓖᑦ ᒥᑭᔪᖅᑐᖅ ᑭᓪᓕᖅᑭᓯᒪᓂᖅ ᓴᐃᒥᒍᑦ, ᐊᒻᒪᒍᑦ, ᐅᖓᑎᒍᑦ. ᒪᒥᒍᓐᓇᐅᔪᖅ ᑭᓪᓕᖅᑕᐅᓂᖅ.	ᐅᐸᓴᕆᐊᕐᕕᒃ, ᐅᓪᓕᕐᓂᖅᑐᓂᖅ, ᓂᐊᖁᓐᓂᖅᑐᓂᖅ, ᓄᕙᖕᓂᖅᑐᕐᓂᖅ, ᑕᖅᑲᓂᖅ, ᖁᐃᔾᔪᑦᑕᖅᑐᖅ.	ᐅᐸᓯᐊᖅᑕᓕᕐᓂᖅ, ᓂᐊᖁᓐᓂᖅ ᐅᓪᓗᓂᐅᑉ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ. ᒪᓕᓐᓂᖅᑕᐅᓯᒪᓂᖅ ᐊᓂᖅᑎᓇᕐᒧᑦ, ᐃᓇᕐᓂᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐃᓯᒃᑯᑦ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ (ᐊᑦᑐᐃᓐᓇᕐᓂᖅ).	ᐅᐸᓴᕆᐊᕐᕕᒃ, ᐊᒪᐸᔭᖅᑕᐅᔪᖅ (ᑲᑲᓕᒃ ᐅᐸᓯᐊᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐅᐱᓂᓕᕐᓂ) ᓯᐅᓯᓇᓂᖅ, ᐊᑦᑐᐃᓐᓇᕐᓂᖅ, ᓂᖅᑐᐊᕐᓂᖅ ᐃᓚᓕᓪᓚᕆᓐᓂᖅ, ᐊᕐᓇᓕᕐᓂᖅ, ᕿᑐᑦᑐᖅᑐᖅ, ᓂᕈᐊᖅᓯᓂᖅ.	ᐅᓂᓕᖅᑕᓂᖅ, ᐊᒥᖅᑕᓂᖅ ᐃᓕᓴᕆᔭᐅᓂᖅ ᓂᓕᓂᖅ ᓴᓇᐅᔪᖅ.	ᐃᒻᒥᐊᓕᓂᖅᑕᓂᖅ, ᕿᓂᖅᓯᓕᓂᖅ: ᐅᓪᓗᓐᓂᖅ, ᐃᒻᒥᐊᓕᓂᖅ, ᒥᓱᐊᕐᔪᕆᓂᖅ ᒥᓱᐊᓂᖅᑕᓂᖅ, ᖁᐃᔾᔪᑦᑕᖅᑐᖅ ᕿᓂᖅᓯᓕᓂᖅ ᓴᓇᐅᔪᖅ. Scarlet fever: ᑕᑭᒍᑦᑕᖅᑐᖅ ᒪᓐᓇᐅᓂᖅ, ᖃᓄᐃᑦᑐᓯᒪᓂᖅ. Raspberry tongue ᐊᒻᒪ ᐊᐅᐸᓗᒃᑕᓂᖅ ᖁᓕᖅᑐᖅ, ᓴᐃᒍᑦ, ᑕᓪᓕᒥᒍᑦ ᓇᒧᑦᑐᖓᑕ ᑐᑭᑦᑐᖅ, ᓯᑯᑦᑐᖅ ᐊᒻᒪ ᓇᓪᓗᒋᑦ, ᐅᐱᓂᖅ ᐊᒥᕐᓱᕐᓂᖅ.	ᐅᓇᓯᓐᓂᖅ ᐊᐅᐸᓗᒃᑕᓂᖅ ᖃᓂᒃᑯᑦ ᐃᓕᓯᒪᓂᖅ ᐊᒻᒪᑯᑦ ᐃᑕᒪᒃᑯᑦ.	ᑲᑭᖓᓂᖅ, ᖁᐃᔾᔪᑦᑖᖅᑕᓂᖅ, ᐃᒻᒥᐊᓕᓂᖅᑕᓂᖅ, ᖁᐃᔾᔪᑦᑕᖅᑐᖅ, ᐅᓇᓕᓂᖅ.	ᐅᓇᓕᓂᖅ, ᐊᐅᐸᓗᒃᑕᓂᖅ ᐅᖓᑖᓄᑦᑕᖅ. ᐊᐅᐸᓗᒃᑕᓂᖅ ᐅᐱᓂᖅ: ᐊᐅᐸᓗᒃᑕᕐᓂᖅᑐᖅ, ᐃᓕᓯᒪᓂᖅ, ᖃᓂᒃᑕᓂᖅ.
ᒪᒥᓴᖅᑕᐅᓂᖏᑦ	ᐊᓯᒃᑯᑦ ᒥᖑᐊᕐᓂᖅ ᑯᓯᖅᑐᖅᑐᓂᒃ.	ᐋᖅᑭᒃᓱᓂ ᐃᓕᓐᓂᐊᕐᓂᖅ ᐃᓕᓯᒪᓕᕐᓂ. ᑕᕝᕙᓯᖅᑕᐅᓂᖅ. ᐊᑦᑐᒐᓐᓂᖅ ᐃᓕᓯᒪᔭᖅᑕᐅᓂᖅ ᒥᑦᓯᓇᖅᑐᖅ ᐊᑯᓐᓂᖓᓂ.	ᐊᑐᕐᓗᒍ ᐃᒥᖅᑎᓪᓗᒍ ᒥᑦᓯᓇᖅᑐᖅ ᐱᓯᕙᓐᓂᐊᕐᓗᒍ (e.g., PedyaliteMD, GastrolyteMD) ᐋᓐᓂᐊᕐᓂᖅ ᖃᐅᔨᑎᓗᒍ ᐊᓇᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ, ᐊᓇᖅᑕᕐᓂᖅ ᒥᓱᐊᕐᔪᕆᑦᑐᖅ, ᓯᑯᐊᑦᑐᐃᓐᓇᖅ ᐅᓇᓕᓐᓂᖅ. ᐊᓇᖅᑕᖅᑕᕐᓂᖅ ᓯᑲᓗᐊᖅᐸᓪᓕᐊᔪᑦ.	ᒪᒥᓴᖅᑕᐅᓂᖏᑦ. ᑕᕝᕙᓯᖅᑕᐅᔪᖅ.	ᐃᓕᓐᓂᐊᕐᓂᖅ ᐋᖅᑭᒃᓱᓂ ᐅᓪ ᐱᓯᕙᓐᓂᐊᕐᓗᒍ. ᑭᓪᓕᓂᖅ, ᑭᓪᓕᖅᑕᐅᔪᖅ ᐃᒥᖅᑐᖅ ᑭᓪᓕᖅᑕᐅᓂᖅ ᐃᒥᖅᑐᖅᑐᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐱᓯᕙᓐᓂᐊᕐᓗᒍ. ᑲᑲᓖᑦ ᑕᑭᒍᑦᑕᖅᑐᖅ ᑕᕝᕙᓯᖅᑕᐅᔪᖅ.	ᑕᕝᕙᓯᖅᑕᐅᔪᖅ, ᐋᖅᑭᒃᓱᓂ ᐃᓕᓐᓂᐊᕐᓂᖅ ᐊᑐᓕᖅᑕᐅᔪᖅ ᒥᑦᓯᓇᖅᑐᖅ, ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐃᓕᓯᒪᓕᕐᓂ. ᐃᓕᓯᒪᔭᖅᑕᐅᓂᖅ ᐋᓐᓂᐊᕐᓂᖅ ᐊᓇᖅᑐᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ. ᒪᓕᑦᓴᐅᑎᓄᑦ ᐃᓕᓯᒪᓂᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ.	ᓯᐅᑦᑐᖅᑐᖅ.	ᐋᖅᑭᒃᓱᓂ ᑕᕝᕙᓯᖅᑕᐅᔪᖅ ᐊᓂᖅᑎᓇᕐᒧᑦ ᐅᓪᓗᓂ.	ᒪᒥᓴᖅᑕᐅᓂᖏᑦ: ᑯᒦᑦ ᐃᓕᓯᒪᓂᖅ ᒥᑦᓯᓇᖅᑐᖅ ᐅᓪᓗᓂ ᓄᓇᓕᒃ ᐃᓕᓯᒪᓂᖅ ᐅᓪᓗᓂ ᑯᒦᑦ ᐃᓕᓯᒪᔭᖅᑕᐅᓂᖅ ᓕᐱᓂᒃ ᐅᓪᓗᐃᑦ ᓯᑲᓗᐊᖅᐸᓪᓕᐊᔪᖅ ᐋᓐᓂᐊᕐᓂᖅ ᐅᑎᖅᑐᖅ. 48 ᐃᑲᐅᕐᓂᑦ ᐋᖅᑭᒃᓱᓂ ᐃᓕᓯᒪᓂᖅ ᒥᑦᓯᓇᖅᑐᖅ ᓄᓇᓕᒃ ᐃᓕᓯᒪᔭᖅᑕᐅᓂᖅ ᑯᒦᑦ ᐃᓕᓯᒪᓂᖅ, ᐅᓕᐅᓴᖅ ᒥᑦᓯᓇᖅᑐᖅ ᐃᓕᓯᒪᔭᖅᑕᐅᓂᖅ ᑯᒦᑦ ᐃᓕᓯᒪᓂᖅ ᐅᓪᓗᐃᑦ ᓯᑲᓗᐊᖅᐸᓪᓕᐊᔪᖅ ᐋᖅᑭᒃᓱᓂ ᐅᑎᖅᑐᖅ. ᑯᒦᑦ ᐃᓕᓯᒪᓂᖅ ᑯᒦᑦ ᐃᓕᓯᒪᔭᖅᑕᐅᓂᖅ ᓄᓇᓕᒃ ᐃᓕᓯᒪᔭᖅᑕᐅᔪᖅ.	ᐋᖅᑭᒃᓱᓂ ᐃᓕᓐᓂᐊᕐᓂᖅ. ᐋᓐᓂᐊᕐᓂᖅ ᐋᓐᓂᐊᕐᓂᖅ ᐃᓕᓐᓂᐊᕐᓂᖅ ᒥᑦᓯᓇᖅᑐᖅ. ᑕᕝᕙᓯᖅᑕᐅᔪᖅ, ᐊᑐᕐᓗᒍ ᐃᒥᖅᑎᓪᓗᒍ ᒥᑦᓯᓇᖅᑐᖅ, ᓂᓇᐃᓐᓂᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐅᓇᓕᓂᖅ.	ᒪᒥᓴᖅᑕᐅᓂᖏᑦ.	ᒪᒥᓴᖅᑕᐅᓂᖏᑦ. ᑕᕝᕙᓯᖅᑕᐅᔪᖅ, ᐊᑐᕐᓗᒍ ᐃᒥᖅᑎᓪᓗᒍ ᒥᑦᓯᓇᖅᑐᖅ. ᐋᓐᓂᐊᕐᓂᖅ ᐃᓕᓐᓂᐊᕐᓂᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ.	ᐅᓇᓕᓂᖅ ᓴᓇᐅᓗᐃᑦ ᓱᓪᓕᓂᖅ ᐅᓇᓕᓂᖅ ᐃᓕᓯᒪᓂᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐃᓕᓐᓂᐊᕐᓂᖅ ᐅᓪᓗᓂ ᓕᐱᓂᒃ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ. ᑭᓪᓕᖅᑕᐅᓂᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ, ᑐᓴᖅᑕᐅᔪᖅ. ᐃᓕᓯᒪᔭᖅᑕᐅᓂᖅ ᐃᓕᓯᒪᓂᖅ.
ᐃᓱᓕᓐᓂᖏᑕ ᒪᓕᒐᖏᑦ	ᓴᓗᒪᑦᓯᐊᕐᓂᖅ. ᓯᕗᓕᕐᓂᖅ ᖃᕋᓴᐅᔭᖅ, ᓯᕗᓪᓕᖅ ᑲᑉᐳᑦᑕᐅᔪᖅ, ᓯᓚᒥᓂ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ. ᐃᓚᐅᖃᑕᐅᔪᖅ ᐯᑉᐳᑎᒍᑦ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐯᑉᐳᑎᒍᑦ ᐊᑦᑐᐃᓂᖅ ᐊᓯᐊᓂ ᑲᑲᓕᑦ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ, ᐊᒥᖅᑕᓂᖅ. ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐊᓕᓐᓂᕐᓂᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᓴᓇᐅᓗᐃᑦ. ᐳᐊᑦᓯᐊᕐᓂᖅ ᐃᓕᓯᒪᔪᖅ ᐅᓪᓗᐃᑦ. ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐅᓪᓗᓂ ᐃᓕᓯᒪᓂᖅ ᐅᓪᓗᐃᑦ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ. ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐋᓐᓂᐊᕐᓂᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐃᓕᓐᓂᐊᕐᓂᖅ.	ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᑦ ᖃᐅᔨᒋᐊᖅᐱᒋᐊᓗᒋᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᒪᓇᒧᑦ ᖃᐅᔨᓴᖅᑐᓕᕆᔾᔪᑎᖕᒥᒃ. ᐆᓂᐊᕕᒃ ᖃᐅᔨᑎᓗᒍ, ᓇᐅᓕᒫᓂᖅ ᐃᓗᓯᓇᕐᓂᖅ, ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᐃᓗ ᖃᐅᔨᑎᓗᒋᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᑎᓕᔭᐅᔪᐃᑦ. ᐆᓂᐊᕕᒃ ᖃᐅᔨᓴᖅᑐᓕᒃ ᐆᓂᐊᕕᒻᒧᑦ ᑎᓕᔭᐅᔪᐃᑦ ᐅᖅᑲᐅᑎᓂᖅᑐᖅ.	ᑲᒪᒍᑦᓯᐊᖅ ᒪᓕᒍᑕᐅᓂᖅ ᐊᒻᒪᓂᐊᑦᓯᐊᖅᓯᒪᓂᖅ ᓇᕐᓯᖅᑐᐃᓂᐅᔪᑎᖅ (alcohol-based gel) ᖃᓄᐃᑦᑐᕐᓂᖅ ᑭᓯᐊᓂ ᓇᕐᓯᖅᑕᐅᔪᖅ. ᓂᖅᑐᐃᓐᓇᕐᒥ ᓂᓇᖁᑦᑐᖅ ᓇᕐᓯᖅᑕᐅᓂᖅ ᐅᓪᓗᓂ ᐃᓕᓯᒪᓂᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᓄᓇᓪᓗ (ᐱᒻᒪᔪᐊᓂᒃ, ᓇᕆᔭᐅᐃᓂᒃ, ᐊᓯᕆᓂᖅ). ᑐᓴᖅᑕᐅᔪᖅ ᓂᓇᐃᓐᓂᖅ ᐃᓕᓯᒪᓂᖅ ᑲᑎᒪᓂᖅ, ᐊᓇᖅᑕᕐᓂᖅ ᐃᓕᓯᒪᓂᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐋᓐᓂᐊᕐᓂᖅ, ᓇᐅᓕᒫᓂᖅ ᐃᓗᓯᓇᕐᓂᖅ ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᑦ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐋᓐᓂᐊᕐᓂᖅ. ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐃᓕᓯᒪᓂᖅ ᐅᓪᓗᐃᑦ ᐃᓕᓐᓂᐊᕐᓂᖅ ᐋᓐᓂᐊᕐᓂᖅ ᐃᓕᓯᒪᔪᖅ.	ᓴᓗᒪᑦᓯᐊᖃᑦᑕᕐᓗᒍ, ᐊᒻᒪᓂᐊᑦᓯᐊᖃᑦᑕᖅᑐᑦ ᐱᔪᐊᕐᓂᖅ. ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᑦ ᖃᐅᔨᒋᐊᖅᐱᒋᐊᓗᒋᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᒪᓇᒧᑦ ᖃᐅᔨᓴᖅᑐᓕᕆᔾᔪᑎᖕᒥᒃ. ᐆᓂᐊᕕᒃ ᖃᐅᔨᑎᓗᒍ, ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᐃᓗ ᖃᐅᔨᑎᓗᒋᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᑎᓕᔭᐅᔪᐃᑦ. ᐋᓐᓂᐊᕕᒃ ᐃᓕᓯᒪᔪᖅ ᐊᓂᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ, ᓯᑯᐊᑦᑐᐃᓐᓇᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ.	ᓴᓗᒪᑦᓯᐊᖃᑦᑕᕐᓗᒍ, ᐊᒻᒪᓂᐊᑦᓯᐊᖃᑦᑕᖅᑐᑦ ᐱᔪᐊᕐᓂᖅ. ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᑦ ᖃᐅᔨᒋᐊᖅᐱᒋᐊᓗᒋᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᒪᓇᒧᑦ ᖃᐅᔨᓴᖅᑐᓕᕆᔾᔪᑎᖕᒥᒃ. ᐆᓂᐊᕕᒃ ᖃᐅᔨᑎᓗᒍ, ᓕᐱᓂᒃ ᐅᖅᑐᖅᓯᓂᖅ ᐅᑎᖅᑐᖅᑐᑦ. ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᐃᓗ ᖃᐅᔨᑎᓗᒋᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᑎᓕᔭᐅᔪᐃᑦ. ᓕᐱᓂᒃᓴᐅᔪᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐯᓇᑦᓯᐱᓕᒥᑦ ᖃᐅᔨᓴᖅᑐᓕᒃ, ᐅᓪᓗᓕᕆᔭᐅᓂᖅ ᒪᓕᑦᓴᐅᑎᓄᑦ ᐃᓕᓯᒪᔭᖅᑕᐅᔪᖅ. ᐃᓕᓐᓂᐊᕐᓂᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐊᑦᑐᑦᑐᐃᓐᓇᖅ ᐋᓐᓂᐊᕐᓂᖅ ᐅᓪᓗᐃᑦ ᓯᑲᓗᐊᖅᐸᓪᓕᐊᔪᖅ.	ᓴᓗᒪᑦᓯᐊᖃᑦᑕᕐᓗᒍ, ᐊᒻᒪᓂᐊᑦᓯᐊᖃᑦᑕᖅᑐᑦ ᐱᔪᐊᕐᓂᖅ. ᑲᑲᓕᒃ ᑲᐱᓇᐅᓯᒪᓗᒍ, ᑲᐱᑐᑎᓯᒪᓗᐊᖅᑐᖅ ᐱᓇᓱᐊᕐᓂᖅ ᐊᓯᐊᓂᒃ ᐃᓕᓯᒪᓗᒍ. ᑲᑲᓖᑦ ᖁᐃᔾᔪᑦᑕᖅᑐᖅ ᑕᕝᕙᓯᖅᑕᐅᔪᖅ ᐃᓕᓯᒪᓗᒍ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᑕᕝᕙᓯᖅᑕᐅᔪᖅ ᐃᓕᓯᒪᓗᒍᑦ. ᐃᓗᐊᕈᓐᓃᑦ (ᖃᓇᐊᑦ) ᐊᓄᓇᔭᐅᑎᑦᓯᐊᓗᒋᑦ. ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᑦ ᖃᐅᔨᒋᐊᖅᐱᒋᐊᓗᒋᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᒪᓇᒧᑦ ᖃᐅᔨᓴᖅᑐᓕᕆᔾᔪᑎᖕᒥᒃ. ᐆᓂᐊᕕᒃ ᖃᐅᔨᑎᓗᒍ, ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᐃᓗ ᖃᐅᔨᑎᓗᒋᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᑎᓕᔭᐅᔪᐃᑦ. ᐊᕐᓇᓕᕐᓂᖅ ᑲᐱᓴᓂᖅᓯᒪᓗᒍ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐃᓕᓯᒪᓂᖅ, ᐃᓚᐅᖃᑕᐅᔪᖅ ᑲᑲᓖᑦ ᑎᑭᑦᓯᐊᕐᓂᖅ ᐱᓕᕆᔪᖅ ᐊᕙᑎᓗ ᓯᑕᒪᓂ, ᐯᓇᑦᓯᐱᒥ ᐸᓇᓯᑎᑦ ᐯᓇᑦᓯᐱᑐᑎᒃ ᑲᑲᓕᓂᒃ ᐅᑭᐅᖓᓂ ᒪᕐᕉᒃ ᒥᑦᓯᑎᒍᑦ.	ᓴᓗᒪᑦᓯᐊᖃᑦᑕᕐᓗᒍ, ᐊᒻᒪᓂᐊᑦᓯᐊᖃᑦᑕᖅᑐᑦ ᐱᔪᐊᕐᓂᖅ. ᖁᐱᕐᕈᐃᔭᕐᑲᑦᑕᕐᓂᒃ ᐱᒻᒪᒍᐊᐱᖃᑦᑕᖅᑐᐃᑦ. ᐃᓗᐊᕈᓐᓃᑦ (ᖃᓇᐊᑦ) ᐊᓄᓇᔭᐅᑎᑦᓯᐊᓗᒋᑦ. ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᑦ ᖃᐅᔨᒋᐊᖅᐱᒋᐊᓗᒋᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᒪᓇᒧᑦ ᖃᐅᔨᓴᖅᑐᓕᕆᔾᔪᑎᖕᒥᒃ. ᐆᓂᐊᕕᒃ ᖃᐅᔨᑎᓗᒍ, ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᐃᓗ ᖃᐅᔨᑎᓗᒋᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᑎᓕᔭᐅᔪᐃᑦ.	ᓴᓗᒪᑦᓯᐊᖃᑦᑕᕐᓗᒍ, ᐊᒻᒪᓂᐊᑦᓯᐊᖃᑦᑕᖅᑐᑦ ᐱᔪᐊᕐᓂᖅ. ᑲᑲᓕᒃ ᑲᐱᓇᐅᓯᒪᓗᒍ, ᑲᐱᑐᑎᓯᒪᓗᐊᖅᑐᖅ ᐱᓇᓱᐊᕐᓂᖅ ᐊᓯᐊᓂᒃ ᐃᓕᓯᒪᓗᒍ. ᑲᑲᓖᑦ ᖁᐃᔾᔪᑦᑕᖅᑐᖅ ᑕᕝᕙᓯᖅᑕᐅᔪᖅ ᐃᓕᓯᒪᓗᒍ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᑕᕝᕙᓯᖅᑕᐅᔪᖅ ᐃᓕᓯᒪᓗᒍᑦ. ᑲᑲᓖᑦ ᐊᓕᓪᓚᖅᑐᖅ ᓴᐃᒥᖅᑕᐅᔪᖅ, ᐱᓇᓱᐊᕐᓂᓗ ᐃᒪᖓᓂᖅᑐᓂᒃ.	ᐊᑦᑐᐃᓂᖅ ᖃᓄᐃᑦᑐᓐᓂᐅᑉᐳᓂ ᐃᓕᓯᒪᔪᖅ ᐱᓇᓱᐊᕐᓂᖅ (ᐅᓪᓗᓂ, ᓇᓯᖅ, ᐊᑭᐅᖅ ᔫᓯᖅ). ᐋᓐᓂᐊᕐᓂᖅ ᖃᐅᔨᓴᖅᑐᓕᒃ. ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ.	ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᑦ ᖃᐅᔨᒋᐊᖅᐱᒋᐊᓗᒋᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᒪᓇᒧᑦ ᖃᐅᔨᓴᖅᑐᓕᕆᔾᔪᑎᖕᒥᒃ. ᐆᓂᐊᕕᒃ ᖃᐅᔨᑎᓗᒍ, ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᐃᓗ ᖃᐅᔨᑎᓗᒋᑦ ᐋᓐᓂᐊᕕᒻᒧᑦ ᑎᓕᔭᐅᔪᐃᑦ. ᑲᑎᒪᓯᒪᓂᖅ ᒪᓐᓇᐅᔪᐃᓐᓇᖅ, ᐋᓐᓂᐊᕐᓂᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐃᓕᓐᓂᐊᕐᓂᖅ.	ᓴᓗᑦᓇᓕᓂᐊᖅᑐᓂᒃ, ᐊᒻᒪᓂᐊᑦᓯᐊᖃᑦᑕᖅᑐᑦ ᐊᓇᖅᑕᕐᓂᖅ. ᖁᐱᕐᕈᐃᔭᖅᑕᐅᔪᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᐊᒻᒪ ᐱᒻᒪᔪᐊᓂᒃ. ᖃᓇᐊᑦ ᐊᓄᓇᔭᐅᑎᑦᓯᐊᓗᒋᑦ.	ᓴᓗᒪᑦᓯᐊᖃᑦᑕᕐᓗᒍ, ᐊᒻᒪᓂᐊᑦᓯᐊᖃᑦᑕᖅᑐᑦ ᐱᔪᐊᕐᓂᖅ. ᖁᐱᕐᕈᐃᔭᕐᑲᑦᑕᕐᓂᒃ ᐱᒻᒪᒍᐊᐱᖃᑦᑕᖅᑐᐃᑦ. ᑲᑲᓕᒃ ᑲᐱᓇᐅᓯᒪᓗᒍ, ᑲᐱᑐᑎᓯᒪᓗᐊᖅᑐᖅ ᐱᓇᓱᐊᕐᓂᖅ ᐊᓯᐊᓂᒃ ᐃᓕᓯᒪᓗᒍ. ᑲᑲᓖᑦ ᖁᐃᔾᔪᑦᑕᖅᑐᖅ ᑕᕝᕙᓯᖅᑕᐅᔪᖅ ᐃᓕᓯᒪᓗᒍ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᑕᕝᕙᓯᖅᑕᐅᔪᖅ ᐃᓕᓯᒪᓗᒍᑦ. ᐃᓗᐊᕈᓐᓃᑦ (ᖃᓇᐊᑦ) ᐊᓄᓇᔭᐅᑎᑦᓯᐊᓗᒋᑦ.	ᐊᐅᐸᓗᒃᑳᓐᓇᖅ ᓯᓂᒥᑕᖅᑐᐃᓐᓇᕐᓂᖅ ᐅᓪᓗᐃᑦ ᑕᓪᓕᒪᓂ ᓈᖅᑐᖅᑕᐅᔪᖅ ᑲᐱᔭᐅᔪᖅ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ. ᐋᓐᓂᐊᕐᓂᖅ ᐃᓕᓯᒪᔭᖅᑕᐅᔪᖅ. ᐊᒻᒪᓕᕝᕙᓇᔭᐅᔪᑦ ᐊᓕᐊᕐᓂᖅ. ᐅᑯᐊ ᖃᐅᔨᓴᖅᑐᓂᖅ ᐋᓐᓂᐊᕐᓂᖅ ᖃᐅᔨᑎᓗᒋᑦ: ᓂᑎᑦᑐᒍᑦ ᓴᐳᒻᒥᔪᑦ ᓴᐅᑭᓕᕐᓂᖅ ᓯᕗᓂᐊᓗ ᐊᕝᕙᑦ ᐊᐅᐸᓗᒃᑳᓐᓇᕐᓂᖅ. ᐅᑯᐊ ᖃᐅᔨᓴᖅᑐᓂᖅ ᐋᓐᓂᐊᕐᓂᖅ ᖃᐅᔨᑎᓗᒋᑦ: ᓂᑎᑦᑐᒍᑦ ᓴᐳᒻᒥᔪᑦ ᓴᐅᑭᓕᕐᓂᖅ ᓯᕗᓂᐊᓗ ᐊᕝᕙᑦ ᐊᐅᐸᓗᒃᑳᓐᓇᕐᓂᖅ.
ᐯᓇᑦᓯᐱᓚᐊᖅ ᖁᓪᓗᑎᑕᖅ ᓇᓇᐊᖅᑲᓂᖅ	ᐯᓇᑦᓯᐱᓚᐊᖏᖅᑐᖅᑎᒃᑕ ᑭᓐᓂᖅ, ᐊᑦᑐᖅ ᖃᓄᐃᑦᑐᓐᓂᐅᑉᐳᓂᖅᑐᓐᓂᕐᒥ ᐅᓗᐊᒥᒍᑦ ᐅᖓᑖᓄᑦ ᐊᑦᑐᕐᓂᖅ ᒪᓐᓇᐅᔪᐃᓐᓇᖅ, ᐋᓐᓂᐊᕐᓂᖅ ᖃᐅᔨᓴᖅᑐᓕᒃ ᐅᓪ ᐋᓐᓂᐊᕐᓂᖅ ᐅᓪᓗᐃᑦ ᐯᓇᑦᓯᐱᓕᒥᑦ ᐅᓪᓗᐃᑦ.	ᐯᓇᑦᓯᐱᓚᐊᖏᖅᑐᖅᑎᒃ ᓇᖅᑐᖅᑕᐅᔪᖅ ᑲᑲᓖᑦ ᐊᑦᑐᑦᑐᐃᓐᓇᖅᑐᐊᕐᓂᖅ.	ᐯᓇᑦᓯᐱᓚᐊᖏᖅᑐᖅᑎᒃᑕ ᓇᖅᑐᖅᑕᖅᑐᖅ ᑲᑲᓖᑦ. ᐊᓇᖅᑕᕐᓂᖅ ᐊᑦᑐᕐᓂᖅ ᐅᑎᕐᓇᖅᑐᖅ.	ᐯᓇᑦᓯᐱᓚᐊᖏᖅᑐᖅᑎᒃᑕ ᑭᓐᓂᖅ ᑲᑲᓖᑦ ᖃᐅᔨᓴᖅᑐᓕᒃ ᐃᓚᓕᓪᓚᕆᓐᓂᖅ ᓯᑯᐊᑦᑐᐃᓐᓇᖅ.	ᐯᓇᑦᓯᐱᓚᐊᖏᖅᑐᖅᑎᒃ ᓇᖅᑕᐅᔪᖅ ᑲᑲᓖᑦ 24-ᓂ ᐃᑲᐅᕐᓂᑦ ᒪᓕᑦᓴᐅᑎᓂᒃ ᐊᑦᑐᐃᓐᓇᕐᓂᖅ ᓴᓇᐅᔪᖅ. ᒪᓕᑦᓴᐅᑎᖃᕐᓂᖅ ᐊᑦᑐᕐᓂᖅ ᓯᑯᐊᑦᑐᐃᓐᓇᖅ, ᐯᓇᑦᓯᐱᓚᐊᖏᖅᑐᖅᑎᒃ ᓇᖅᑕᐅᔪᖅ ᑭᓐᓂᖅᑕᐅᔪᖅ.	ᐯᓇᑦᓯᐱᓚᐊᖏᖅᑐᖅᑎᒃᑕ ᑭᓐᓂᖅ ᑲᑲᓖᑦ ᐃᓚᓕᓪᓚᕆᓐᓂᖅ ᓯᑯᐊᑦᑐᐃᓐᓇᖅ.	ᑲᑲᓖᑦ ᐯᓇᑦᓯᐱᓚᐅᑦ ᐅᑎᕐᓇᖅᑐᖅ ᐃᓚᓕᓪᓚᕆᓐᓂᖅ ᓯᑯᐊᑦᑐᐃᓐᓇᖅ.	ᐯᓇᑦᓯᐱᓚᐊᓂᖅᑕᐅᔪᖅ ᓴᓇᐅᔪᑦ ᑲᑭᖓᓂᖅ, ᒪᓕᑦᓴᐅᑎᓂᒃ ᒪᓕᑦᓴᐅᑎᖃᖅᑐᓂ ᒪᓕᑦᓴᐅᑎᖃᖅᑐᓂᖅ.	ᐯᓇᑦᓯᐱᓚᐊᓂᖅᑕᐅᔪᖅ ᓯᑯᐊᑦᑐᖅ ᒪᓕᑦᓴᐅᑎᓂᒃ ᐊᓕᐊᖅ ᑐᓴᖅᑕᐅᓂᖅ.	ᐯᓇᑦᓯᐱᓚᐊᓂᖅᑕᐅᔪᖅ ᐃᑲᐅᕐᓂᑦ 24 ᓂᑭᑦᑐᖅ ᓯᑯᐊᑦᑐᐃᓐᓇᖅ ᒪᓕᑦᓴᐅᑎᓂᒃ ᐊᓕᐊᖅᑐᓕᕆᓂᐊᕐᓗᒍ ᐊᒻᒪ ᑲᑲᓖᑦ ᐃᓚᓕᓪᓚᕆᓐᓂᖅ ᓯᑯᐊᑦᑐᐃᓐᓇᖅ.	ᐯᓇᑦᓯᐱᓚᐊᖏᖅᑐᖅᑎᒃᑕ ᑭᓐᓂᖅ ᑲᑲᓖᑦ ᐃᓚᓕᓪᓚᕆᓐᓂᖅ ᓯᑯᐊᑦᑐᐃᓐᓇᖅ.	ᐯᓇᑦᓯᐱᓚᐊᖅ ᖁᓪᓗᑎᑕᖅ ᑲᑲᓖᑦ ᐃᓚᓕᓪᓚᕆᓐᓂᖅ ᓯᑯᐊᑦᑐᐃᓐᓇᖅ.	ᐯᓇᑦᓯᐱᓚᐊᖏᖅ ᑎᑭᑦᑐᖅ ᑲᑲᓖᑦ ᐃᓚᓕᓪᓚᕆᓐᓂᖅ ᓯᑯᐊᑦᑐᐃᓐᓇᖅ.

Legend: ✓ ᐋᓐᓂᐊᑦ ᑐᓴᖅᑕᐅᑎᑦᑎᔭᕆᐊᓖᑦ (MADO) ⚡ ᐅᐃᒪᔪᕐᒥᒃ ᑲᒪᔭᕆᐊᓕᒃ ✖ ᐊᑦᑐᑦᑐᑕᐅᓯᒪᓂᕐᒧᓐᓇᖅᑐᖅ ᐋᓐᓂᖅ ☎ ᐋᓐᓂᐊᕕᒻᒧᑦ ᐅᖄᓚᐅᑎᒧᑦ ᖃᐅᔨᑎᓪᓗᒋᑦ ⌂ ᐯᓇᑦᓯᐱᓕᒥᑦ

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