

## Strep Throat (Streptococcal Pharyngitis) and Scarlet Fever

### What is strep throat?

A disease caused by group A *Streptococcus* bacteria

### What is scarlet fever?

- A fine red rash that makes the skin feel like sandpaper. Scarlet fever is caused by a strep infection of the throat or another area of the body. The rash is usually more prominent in the armpits and groin area, often making the creases in the bend of the elbow and back of the knee pinker than usual. Sometimes the area around the mouth has a pale appearance compared with adjacent skin.
- Children who have scarlet fever are generally not any sicker than children with strep throat who do not have the rash.

### What are the signs or symptoms?

- Some of the following symptoms may be present:
  - ~ Sore throat
  - ~ Fever
  - ~ Stomachache
  - ~ Headache
  - ~ Swollen lymph nodes in neck
  - ~ Decreased appetite
- Strep throat is much less likely if there is
  - ~ Runny nose
  - ~ Cough
  - ~ Congestion
- Children younger than 3 years with group A streptococcal infection rarely have a sore throat. Most commonly, these children have a persistent nasal discharge (which may be associated with a foul odor from the mouth), fever, irritability, and loss of appetite.

### What are the incubation and contagious periods?

- Incubation period: 2 to 5 days.
- Contagious period: The risk of spread is reduced when a person who is ill with strep throat is treated with antibiotics. Many people carry the bacteria that cause strep throat in their nose and throat and are not ill (5%–10%). In outbreaks in child care settings and schools, 15% to 50% of children who have no signs or symptoms have throat cultures positive for strep. The risk of transmission from someone who is not sick but is carrying the bacteria is minimal. Note that the bacteria that cause strep throat also can cause impetigo.

### How is it spread?

- Direct contact.
- Respiratory droplets.
- Close contact helps the spread of the infection.

### How do you control it?

- Use good hand-washing technique at all the times listed in “When to Wash Hands” on page 25.
- Have a health professional evaluate individuals with a severe sore throat with a rash or severe sore throat that lasts more than 24 hours.
- If cough/runny nose are major symptoms, strep is unlikely and testing for strep is not indicated.
- Testing for strep in children/adults who are not having symptoms is not indicated.

### What are the roles of the caregiver/teacher and the family?

- Report the infection to staff designated by the child care program or school for decision making and action related to care of ill children. That person, in turn, alerts possibly exposed family members and staff to watch for symptoms.
- Antibiotics for infected individuals.

### Exclude from group setting?

Yes.

### Readmit to group setting?

- After 24 hours of antibiotic treatment
- When the child is able to participate and staff determine that they can care for the child without compromising their ability to care for the health and safety of the other children in the group

### Comments

- Children usually do not pass the streptococcal bacteria to others once they have been on an antibiotic for 24 hours.
- Most frequent cause of sore throat in children is viral infection, not strep throat.
- A throat culture or rapid strep test is the only way to be certain of the diagnosis of strep throat.

➤continued



## Strep Throat (Streptococcal Pharyngitis) and Scarlet Fever, continued

- Even if untreated, most children and adults with group A streptococcal infections recover on their own. Some who are not treated develop complications, including ear infections, sinusitis, abscesses in the tonsils, or infection of the lymph nodes (ie, tender and warm “swollen glands”). Indications for testing include a sudden development of sore throat, fever, headache, pain on swallowing, abdominal pain, nausea, vomiting, and enlarged tender lymph nodes in the front part of the neck.
- The concern about this infection is related to complications involving the heart and kidneys that can follow group A streptococcal infection. Children younger than 3 years are very unlikely to have rheumatic heart disease—the primary reason for treatment of strep throat. However, outbreaks of strep throat have been reported in young children in group care settings.

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