

There has been diagnosed cases of STREP here at the Center.
This letter is for informational purposes only provided by the American Academy of Pediatrics.

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.
- 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 a higher proportion of children with no symptoms of illness may have positive cultures. The risk of transmission from someone who is not sick but is carrying the bacteria is low. Note that the bacteria that cause strep throat also can cause impetigo.

How is it spread?

- Respiratory (droplet) route: Contact with large droplets that form when a child talks, coughs, or sneezes. These droplets can land on or be rubbed into the eyes, nose, or mouth. The droplets don't stay in the air; they travel less than 3 feet and fall onto the ground.
- Contact with the respiratory secretions from or objects contaminated by children who carry strep bacteria.
- Close contact helps the spread of the infection.

How do you control it?

- Use good hand-hygiene technique at all the times listed in "When to Practice Hand Hygiene" on 31.
- 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 teacher/caregiver and the family?

- Report the infection to the staff member 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 and staff members 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 members 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.

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