What you need to know about...

SCARLET FEVER

A scarlet fever rash on the abdomen of a boy caused by Streptococcus pyogenes bacteria (far right)

WHAT IS IT?
● Scarlet fever, also known as scarlatina, is a bacterial throat infection, which is caused by haemolytic streptococci such as Streptococcus pyogenes.
● Due to improved hygiene, it is relatively rare in the UK. It is most common in children between the ages of two and 10 years, but can affect adults.
● Before the advent of antibiotics, scarlet fever was a serious disease, but today the disease is mild in most cases.

SYMPTOMS
● Symptoms develop two to four days after infection.
● A sore throat may develop approximately 12 hours before the main symptoms appear.
● The characteristic symptom is a fine rash on the body that feels rough to the touch and lasts about six days.
● The rash may first appear on the neck and chest, and spreads to the elbows, inner thighs and groin.
● The rash does not usually spread to the face, but the cheeks become flushed and the area around the mouth is pale.
● As the rash fades, some of the skin may peel, particularly on the hands, feet and groin.
● Other symptoms include:
  ● Fever;
  ● Chills;
  ● Headache;
  ● Abdominal pain;
  ● Pastia’s lines (bright red creases of the underarm and groin);
  ● Blanching of the tongue on application of pressure;
  ● White coating with red spots on the tongue – the coating peels after a few days leaving the tongue red and swollen (strawberry tongue);
  ● General malaise;
  ● Severe infections may cause high fever, nausea and vomiting.

TREATMENT
● Most mild cases resolve without treatment, although treatment is advised to speed recovery and prevent complications.
● Usual treatment is oral antibiotics – usually penicillin or in cases of penicillin allergy, erythromycin.
● Patients or parents should be advised to ensure the course of treatment is completed, even if symptoms resolve beforehand.
● Symptomatic treatment includes paracetamol or ibuprofen to reduce fever and ease aches and pains.
● Keeping the patient in a cool room and administering cold drinks helps to reduce fever and also helps to prevent dehydration.

PREVENTION
● The bacteria is found in the patient’s nose and throat, so scarlet fever is spread through close physical contact or contact with infected mucus or airborne droplets produced during coughing and sneezing.
● Infected children should be kept away from school and away from other children for five days after commencement of treatment.
● Infected adults should stay away from work.
● Handkerchiefs should be washed or disposed of immediately after use.

REFERENCES

WEBSITES
Patient information: www.prodigy.nhs.uk/clinicalguidance/releasedguidance/webBrowser/pils/PL406.htm

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COMPLICATIONS
● Serious infection, such as throat abscess, sinusitis and pneumonia.
● Late complications, which are rare, include:
  ● Otitis media;
  ● Glomerulonephritis;
  ● Acute rheumatic fever;
  ● Meningitis;
  ● Osteomyelitis or arthritis;
  ● Hepatitis.

DIAGNOSIS
● Diagnosis is usually made on the basis of characteristic symptoms.
● A throat swab can confirm the bacteria involved.
● Scarlet fever is a notifiable disease.