

## Scarlet fever

### DESCRIPTION

Scarlet fever begins suddenly, sometimes causing a convulsion in a very young child. It begins with a sore throat, high temperature and frequent vomiting. This is followed within 12–36 hours by a fine red rash on the limbs and trunk and reddening of the tongue (strawberry tongue). This appears first on the neck and chest, rapidly spreading over the body, finally reaching the legs. During the recovery from the infection, the skin may peel off the fingers and toes.<sup>105</sup>

Scarlet fever is caused by a streptococcal infection (see 'Sore throats and strep throat on page 50).

It is spread directly by contact with airborne droplets (coughing and sneezing), or indirectly by contaminated hands, tissues, eating utensils, toys or other articles freshly soiled by the nose and throat discharges of an infected person.

### INCUBATION PERIOD

Usually 1–3 days.

### INFECTIOUS PERIOD

For about 24 hours after appropriate treatment begins. Untreated people remain infectious as long as they are sick. This is usually 3–7 days.

### EXCLUSION PERIOD

Exclude until the child has received antibiotic treatment for at least 24 hours and they feel well.

### RESPONSIBILITIES OF CHILD CARE PROVIDERS/STAFF

Report the infection to the director.

### RESPONSIBILITIES OF PARENTS

Advise the parent to seek medical assessment and treatment as untreated scarlet fever may result in serious illness. Parents must keep the child home for the exclusion period.

### CONTROLLING THE SPREAD OF INFECTION

Follow good personal cleanliness practices. Cover the nose and mouth when coughing or sneezing. Dispose of soiled tissues appropriately. Always follow this with proper hand washing. Do not share eating utensils, food or drinking cups. Wash toys that infants and toddlers put in their mouths.

### TREATMENT

Penicillin or other effective antibiotics as prescribed by a doctor. Take the full course of antibiotics.