The Leeds Teaching Hospitals
NHS Trust

Scarlet Fever

Information for patients

leeds children's hospital
caring about children

Scarlet fever is a contagious infection that mostly affects young children. It is a common infection that is caused by a bacteria called group A strep.

It's easily treated with antibiotics and most cases are mild. Some children will have group A strep with no symptoms at all.

The first signs of scarlet fever can be flu-like symptoms, including a high temperature, a sore throat and swollen neck glands. A rash then develops 1-2 days later. It usually starts on the chest and stomach then spreads. It is bumpy, making the skin feel like sandpaper, and looks red on paler skin tones.

They can also have a red tongue and flushed cheeks. Usually, they do not have a cough or runny nose. They can also have nausea and vomiting.

Treating scarlet fever

Your child will be prescribed antibiotics. These will:

- help your child get better quicker
- reduce the chance of a serious illnesses, such as pneumonia
- make it less likely that your child will pass the infection on to someone else.

Taking antibiotics

The antibiotics will be a liquid or tablets depending on your child's ability to swallow tablets. Keep taking the antibiotics until the prescribed course is finished, even if your child seems better. If your child is having liquid medicine you may need to get a second bottle.

You can help relieve symptoms of scarlet fever by:

- giving your child cool fluids and soft food
- giving your child pain killers such as paracetamol or ibuprofen if you child is distressed, in pain or lethargic with a fever (do not give aspirin to children under 16)
- using calamine lotion or antihistamine tablets which can be bought from a pharmacist, to ease itching
- using Benzydamine (Difflam) throat spray if you have had it prescribed, or it can be bought from a pharmacist.

Children should be kept at home and not go to nursery or school until 24 hours after the first dose of antibiotics. This is because scarlet fever is contagious.

You can spread scarlet fever to other people up to six days before you get symptoms and until 24 hours after you take your 1st dose of antibiotics. Avoid spread by washing hands regularly, binning tissues and not sharing drinking cups etc. If you do not take antibiotics, you can spread the infection for 2-3 weeks after your symptoms start.

Children normally get better in about one week.

Complications from scarlet fever

Complications are rare and can be reduced by taking antibiotics. They can happen during, or in the weeks after, the infection, and can include:

- **ear infection** - pain in the ears
- **throat abscess** - seen as a swelling on one side, above the tonsils
- **sinusitis** - facial pain
- **pneumonia** - cough, fever, difficulty breathing
- **meningitis** - headache, neck stiffness and not being able to tolerate light
- **rheumatic fever** - red, swollen and painful joints usually knees, ankles, wrists or elbows.

See your GP or ring 111 if your child:

- is finding it hard to breath. For babies and young children you can see this as sucking in between and under the ribs. This is much rarer in school age children as their bones are less bendy. They will find it hard to speak if they are breathless
- is unable to swallow saliva
- seems dehydrated (sunken eyes, drowsy or not passed urine for 12 hours)
- is drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) - especially if they remain drowsy or irritable despite their fever coming down
- has extreme shivering or complains of muscle pain
- has a painful, red swollen gland in their neck which is increasing in size
- is 3-6 months of age with a temperature of 39°C/102.2°F or above (but fever is common in babies up to two days after they receive vaccinations)
- continues to have a fever of 38°C or above for more than five days. Usually fever starts to settle after 48 hours of antibiotics
- has recently had scarlet fever, but now appears to have a puffy face/eyelids, tea or 'coca-cola' coloured urine (pee), or a swollen, painful joint(s)
- is getting worse or if you are worried.

Attend your local Emergency Department or ring 999 if your child:

- is pale, mottled and feels abnormally cold to touch
- has blue lips
- is too breathless to talk/eat or drink
- has a fit/seizure
- is extremely agitated (crying inconsolably despite distraction), confused of very lethargic (difficult to wake)
- has dark green vomit
- has a rash that does not disappear with pressure.

What did you think of your care?

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