

Group A Strep and Scarlet Fever Advice Sheet



When should you worry?



RED

If your child has any of the following:

- Is pale, mottled and feels abnormally cold to touch
- Has blue lips
- Too breathless to talk / eat or drink
- Has a fit/seizure
- Is extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake)
- Has dark green vomit

You need urgent help

Go to the nearest [Hospital Emergency \(A&E\) Department](#) or phone 999



AMBER

If your child has any of the following:

- Is finding it hard to breathe
- Has laboured/rapid breathing or they are working hard to breathe – drawing in of the muscles below their lower ribs, at their neck or between their ribs ([recession](#)).
- 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 a painful, red swollen gland in their neck which is increasing in size or a painful swelling behind their ear which is pushing their ear forwards
- Continues to have a fever of 38°C or above for more than 5 days
- If your child has recently had scarlet fever but now appears to have a puffy face/eyelids, 'coca-cola' coloured urine (pee), or a swollen, painful joint(s)
- Is getting worse or if you are worried

You need to contact a doctor or nurse today.

Please ring your GP surgery or call NHS 111 - dial 111

If symptoms persist for 4 hours or more and you have not been able to speak to either a member of staff from your GP practice or to NHS 111 staff, recheck that your child has not developed any red features.



GREEN

If none of the above features are present:

- Additional information is available about infant crying and how to cope – <https://iconcope.org/>

Self Care

Continue providing your child's care at home. If you are still concerned about your child, speak to your [health visitor](#), [local pharmacist](#) or call NHS 111 – dial 111

Children and young people who are unwell and have a high temperature should stay at home. They can go back to school, college or childcare when they no longer have a high temperature, and they are well enough to attend.

What to look out for

The rash of scarlet fever often begins with small spots on the body that then spread to the neck, arms and legs over the next 1-2 days. It is often 'sand-paper' like to touch but is not itchy.

Your child may also have a:

- Sore throat/tonsillitis
- Fever (temperature of 38°C (100.4°F) or above)
- Painful, swollen glands in the neck
- A red tongue (strawberry tongue)



If you think that your child is likely to have scarlet fever, you should be reviewed by a healthcare professional.

Group A strep can also cause tonsillitis (Strep throat) - your child is likely to have a high fever, severe sore throat and pus on their tonsils. If your child also has a runny nose with their tonsillitis, it makes a diagnosis of strep throat far less likely; if your child has none of the red or amber features below, they are unlikely to require treatment with antibiotics and can be safely managed at home.

My child has been in close contact with someone with Strep A - do they need antibiotics?

If your child has been in close contact with a case of scarlet fever or strep throat, they do not need to be treated with antibiotics unless they are showing signs of infection (severe tonsillitis with fever in the absence of a runny nose or signs of scarlet fever). Only in exceptional circumstances will the local public health team recommend for an entire school class to be treated with antibiotics.

My child has been diagnosed with scarlet fever or strep throat and is on antibiotics - what do I need to look out for?

Your child may continue to have a fever for a few days after starting antibiotics. Very rarely, Group A streptococcus can spread to other areas of the body (invasive group A strep), causing infections in the neck (tonsillar abscesses or lymph node abscesses), behind the ear (mastoiditis), chest infections (pneumonia), bone and joint infections (septic arthritis) or [sepsis](#). Look at the red /amber /green information overleaf to help identify if your child has features of invasive group A strep or other complications of Group A strep.

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