



Scarlet Fever



States of
Guernsey

Every few years we see the Scarlet Fever condition affect an increasing number of children and it is much more common in children than in adults. It is important that children with scarlet fever are seen by their GP so that they can be started on antibiotics.

Scarlet fever is usually a mild illness, but it is highly infectious. Therefore, look out for symptoms in your child, which include:



Sore throat/tonsillitis



Fever (temperature of 38°C or above)



Painful, swollen glands in the neck



A red tongue (strawberry tongue)



Rash*

*A fine, pinkish or red body rash with a sandpaper feel. On darker skin, the rash can be more difficult to detect visually but will have a sandpaper feel.

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.



Contact your GP if you suspect your child has scarlet fever, because early treatment of scarlet fever with antibiotics is important to reduce the risk of complications such as pneumonia or a bloodstream infection.

If your child has scarlet fever, keep them at home until at least 24 hours after the start of antibiotic treatment to avoid spreading the infection to others.

Occasionally, the bacteria causing scarlet fever can spread to other areas of the body, causing infections in the neck (tonsillar abscesses or lymph node), chest infections (pneumonia) or sepsis.

In addition, a small number of children experience complications in the week or two after recovering from scarlet fever. This can affect their kidneys (post-streptococcal glomerulonephritis) or their joints (post-streptococcal arthritis).

When should you worry?



RED

If your child has any of the following:

- Becomes pale, mottled and feels abnormally cold to touch
- Is going blue around the lips
- Too breathless to talk / eat or drink
- Has a fit / seizure
- Seems dehydrated (sunken eyes, drowsy or not had a wee or wet nappy for 12 hours)
- Becomes extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake)
- Develops a rash that does not disappear with pressure (the glass test)
- Is under 3 months of age with a temperature of 38°C or above (unless fever in the 48 hours following vaccinations and no other red or amber features)
- Is between 3-6 months of age with a temperature over 39°C
- Unable to swallow saliva



You need urgent help

**Go to ED at the Princess Elizabeth
Hospital or phone 999**



AMBER

If your child has any of the following:

- Is becoming 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 not had a wee or wet nappy for eight hours
- Has extreme shivering or complains of muscle pain
- Develops 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 or above (but fever is common in babies up to 2 days after they receive vaccinations)
- Continues to have a fever of 38°C or more for more than 5 days
- If your child has recently had scarlet fever but now appears to have a puffy face/eyelids, tea 'coca-cola' coloured urine (wee), or swollen, painful joint(s)
- Is getting worse or if you are worried



You need to contact your GP today

Please call your GP surgery. 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 then consider taking them to ED



GREEN

If none of the above features
are present



Self Care

Continue providing your child's care at home. If you are still concerned about your child, call your GP

