



1 Skin rash



2 Raspberry tongue



3 Sore throat

SCARLET FEVER

MODE OF TRANSMISSION

Airborne infection: transmitted through coughing, sneezing and speaking, but also through contaminated foods or objects.

PREVENTION

A therapy with antibiotics must be started at the outbreak of the disease to prevent further spreading. General hygienic measures must be observed.

CLINICAL SYMPTOMS

Nausea, vomiting, shivering, high fever, sore throat **3**, red and swollen tonsils frequently covered with yellowish spots. The roof of the mouth may show red blotching. At the onset, the tongue has a thick, white coating, later on turning raspberry red **2**.

After 1 to 2 days a spotted skin rash **1** appears, starting on the torso and progressing downwards (sparing the areas around the mouth, on the palms and soles of feet). The rash disappears after 6 to 9 days. Scarlet fever can be contracted several times in life. Scarlet fever infections may be mild, hardly discernible, up to severe.

COMPLICATIONS

Infection of the middle ear/sinuses, pneumonia, abscesses in the tonsil region, sepsis, vomiting, diarrhoea, haemorrhaging.

CONTAGIOUSNESS

Without antibiotic therapy, the disease is contagious for at least 3 weeks, with antibiotic therapy up to 24 hours.

LATE COMPLICATIONS

Heart and kidney damage, rheumatic fever, damage to the central nervous system. **A timely treatment with antibiotics reduces the risk of these secondary diseases.**

READMITTANCE

Persons with scarlet fever may not attend nursery.

Children may attend nursery again **as of the second day of starting the antibiotic therapy and without showing any symptoms of the disease.**

Without treatment, your child may not attend the nursery until the **symptoms have subsided** (after 14 days at the earliest).

**FOR FURTHER INFORMATION
SEE THE NHS WEBSITE**

