

MSAD # 13 / RSU #83

Health Alert

Streptococcal Infections – Group A (Sore Throat, Scarlet Fever, Necrotizing Fasciitis) Important Notice to Parents

Streptococcal sore throat is an acute bacterial infection caused by Group A Streptococcus bacteria. Symptoms include sore throat, fever, large tonsils with pus on them, or a red, inflamed throat and tender nodes in the neck. However, streptococcal sore throat can also occur with very few symptoms. Many sore throats resembling "strep throat" are not due to strep and may be caused by a viral infection. For example, infectious mononucleosis can cause a similar sore throat. Students may carry streptococci in their throats but not have symptoms.

Scarlet fever is a combination of a streptococcal sore throat and a skin rash caused by a toxin produced by Group A Streptococcus bacteria. The disease is characterized by a fine, red rash that feels almost like sand-paper. It appears first on the upper body - the neck, chest, groin, and axilla (armpits). It usually does not involve the face. Characteristically, the rash spares the area around the mouth and inside of the elbow. The rash then spreads to cover almost all of the body. In full-blown cases, this may occur over a period of several hours to several days. The rash fades on pressure and may lead to flaking of the skin. Peeling of the skin, especially of the fingers and toes, may follow the rash. With few exceptions, scarlet fever is usually no more severe or dangerous than a strep throat without the rash.

Impetigo is a superficial skin infection with streptococci or other bacteria. Symptoms include red sores or blisters, often on the face or areas that are scratched like an insect bite (see Impetigo).

The main reason for concern with a streptococcal infection is the risk of developing rheumatic fever, which is markedly reduced by prompt treatment with appropriate antibiotics.

Necrotizing fasciitis (flesh-eating bacteria) is caused by Group A strep, the same bacteria that causes strep throat, scarlet fever and impetigo. Unlike strep throat, scarlet fever and impetigo, which are common and easy to treat, necrotizing fasciitis is very rare and more difficult to treat. The infection occurs between the skin and muscle (in the fascia) and eventually results in tissue damage to the skin and underlying muscle. The signs and symptoms are fever with severe pain, followed by swelling and redness at a wound site. As with all unidentified rashes, especially those accompanied by fever or illness, individuals should be evaluated by a licensed health care provider. Treatment is early antibiotic therapy.

Streptococcal infection is usually transmitted by airborne droplets or direct skin contact with an infected person. Strep throat and scarlet fever are rarely transmitted through direct contact with objects. Individuals with acute respiratory tract (especially nasal) infections are particularly likely to transmit infection. A person can move the infection from one part of the body to another by scratching an infected area. Necrotizing fasciitis is spread through direct contact with infected persons through an open sore or wound on the skin. The wound site may be minor.

Streptococcal disease is most infectious in the acute phase. A person who is untreated can spread the disease as long as he or she is symptomatic, usually 10 to 21 days. Infected individuals can no longer transmit the infection within 24 to 48 hours after the initiation of antibiotic therapy. However, some individuals can remain carriers for prolonged periods.

The incubation period ranges from 1 - 5 days, rarely longer.

Antibiotics can treat streptococcal infections. Untreated milder streptococcal infections can lead to serious complications such as rheumatic fever and kidney disease. As with all antibiotic prescriptions, the full course of prescribed treatment should be taken even if the symptoms disappear before all of the medication is taken. Years of prescribing antibiotics for nonbacterial infections and failing to complete the full courses of treatment have promoted the development of antibiotic-resistant bacteria. Antibiotic resistance occurs when bacteria change in some way that reduces or eliminates the effectiveness of drugs designed to cure infections

Students with a symptomatic sore throat and/or unexplained fever should be evaluated by a licensed health care provider. It is recommended that students with sore throat and fever be cultured and, if culture-positive, treated appropriately. Students with a positive throat culture should be excluded until at least 24 hours after antimicrobial treatment is initiated. They should be able to return to school after 24 hours of appropriate treatment, when they have no fever, and when physically well enough to attend. Usually no follow-up throat culture is necessary after treatment.

No vaccines are available for general use at this time to prevent strep throat but you can try to protect your children from strep by making sure that they avoid close contact with others who have it.

The most effective way to prevent infection is thorough and frequent hand washing. Since sneezing and coughing contributes to the spread of the bacteria, cover nose and mouth when sneezing or coughing, use a tissue or your sleeve, and dispose of used tissues to help prevent spread. Additionally all wounds should be kept clean and covered. Sometimes people have the infection without any symptoms and can still pass it to others.

Please contact the school nurse, Mel Chadbourne, RN if you have any questions. More information is also available at the Maine CDC web site.

Created 3-20-15