

Scarlet Fever

Information Sheet

What is it?

Scarlet Fever is a form of Group A Streptococcal (Strep A) bacterial infection characterised by development of a specific rash. Streptococcal bacteria cause a number of infections such as "Strep throat" or impetigo (school sores). Occasionally in a person with strep throat (or less commonly school sores), a toxin is released from the bacteria which causes the rash of Scarlet Fever. The Scarlet Fever rash looks tiny pinkish red spots that cover the whole body and feels like sandpaper.

It is not a notifiable disease under the Health Act 1956. However, Public Health may get involved if there is an outbreak of streptococcal infection in the community or in an institutional setting, e.g. a childcare centre or school.

How does a person become infected?

Group A Streptococcal bacteria is passed on by close contact to a person with Strep A sore throat or with school sores. Most people with streptococcal bacterial infection do not develop the Scarlet Fever rash. If the bacteria release a toxin and the person is not immune to the toxin, the symptoms of Scarlet Fever will develop. The streptococcal infection is passed on in the same way whether or not a person develops the symptoms of Scarlet Fever.

People are most infectious a day or two before the rash appears and for 4-5 days after. When treated with antibiotics, people are no longer infectious after 24 hours of treatment.

What are the signs and symptoms of the illness?

The illness usually takes 2 to 4 days for the symptoms to show after you have been infected. The usual symptoms are:

- Fever
- Sore throat
- Flushing of the cheeks
- Fine red rash on the chest and stomach. It may then spread all over the body. It looks like sunburn and feels like a rough piece of sandpaper. It is usually redder in the armpits and groin areas. The rash lasts 2-5 days. After the rash is gone, often the skin peels, especially at the tips of fingers and toes
- Swollen neck and glands
- A whitish coating on the tongue which then peels leaving a swollen red appearance ('strawberry tongue')
- Abdominal pain, nausea or vomiting
- Body aches

Diagnosis can only be confirmed by a throat swab or blood tests arranged by a doctor.

How bad is it?

Most cases of scarlet fever are mild and the disease itself should be of no major concern if treated properly. Two serious but rare complications could be acute rheumatic fever or acute kidney disease. If the following symptoms develop it is important to seek medical attention:

- Joint pain and swelling
- Blood in the urine
- Earache

For advice, testing and treatment, you will need to visit your doctor. Your doctor may prescribe antibiotics for treatment.

Will I need time off school, childcare or work?

Your Public Health Nurse or Communicable Disease Nurse at your local Public Health Unit can give you advice on this. Generally:

- Children can return to school or childcare after they have completed 24 hours of antibiotic treatment.
- Early childhood centre workers, school teachers and healthcare workers in high-risk occupations can return to work after they have completed 24 hours of antibiotic treatment and there are signs of improvement.

How do I avoid the illness?

The best way to avoid getting sick with Scarlet Fever is to not share spit/saliva and other respiratory secretions with other people. To do this;

- cover your nose and mouth with a tissue when you cough or sneeze
- don't share other peoples food, drinks, cutlery, cigarettes and other objects that can transfer spit
- thoroughly wash (with soap and warm water) and dry your hands with paper towels on a regular basis

For further information please contact:



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