Throat Infection - Strep

Definition

A bacterial infection of the throat caused by Strep

Health Information

Symptoms

- Pain, discomfort or raw feeling of the throat
- Pain is made worse when swallows
- Children less than 2 years of age usually can't complain about a sore throat. A young child who does not want favorite foods may have a sore throat. They may also start to cry during feedings.
- Other symptoms include sore throat, fever, headache, stomach pain, nausea and vomiting.
- Cough, hoarseness, red eyes, and runny nose are not seen with Strep throat. These symptoms point more to a viral cause.
- Scarlet fever rash (fine, red, sandpaper-like rash) is highly suggestive of Strep throat.
- If you look at the throat with a light, it will be bright red. The tonsil will be red and swollen, often covered with pus.
- Peak age: 5 to 15 years old. Not common under 2 years old unless sibling has Strep.

Cause

- Group A Strep is the only common bacterial cause of a throat infection. (called Strep pharyngitis).
- It accounts for 20% of sore throats with fever.
- Any infection of the throat usually also involves the tonsils. (called Strep tonsillitis)

Diagnosis

- Diagnosis can be confirmed by a Strep test on a sample of throat secretions.
- There is no risk to wait until a Strep test can be done.
- If your child has cold symptoms too, a Strep test is not needed.

Prevention of Spread to Others

• Good hand washing can prevent spread of infection.

Care Advice

1. Overview:

- Strep causes 20% of throat and tonsil infections in school age children.
- Viral infections cause the rest.
- Strep throat is easy to treat with an antibiotic.
- Complications are rare.
- Here is some care advice that should help.

2. Antibiotic by Mouth:

- Strep infections need a prescription for an antibiotic.
- The antibiotic will kill the bacteria that are causing the Strep throat infection.
- Give the antibiotic as directed.
- Try not to forget any of the doses.
- Give the antibiotic until it is gone. Reason: To stop the Strep infection from flaring up again.

3. Sore Throat Pain Relief:

- Age over 1 year. Can sip warm fluids such as chicken broth or apple juice. Some children prefer cold foods such as popsicles or ice cream.
- Age over 6 years. Can also suck on hard candy or lollipops. Butterscotch seems to help.
- Age over 8 years. Can also gargle. Use warm water with a little table salt added. A liquid antacid can be added instead of salt. Use Mylanta or the store brand. No prescription is needed.
- Medicated throat sprays or lozenges are generally not helpful.

4. Pain Medicine:

• To help with the pain, give acetaminophen (such as Tylenol) or ibuprofen. Use as needed.

5. Fever:

- For fevers above 102° F (39° C), give acetaminophen (such as Tylenol) or ibuprofen. Note: Lower fevers are important for fighting infections.
- For ALL fevers: Keep your child well hydrated. Give lots of cold fluids.

6. Fluids and Soft Diet:

- Try to get your child to drink adequate fluids.
- Goal: Keep your child well hydrated.
- Cold drinks, milk shakes, popsicles, slushes, and sherbet are good choices.
- **Solids.** Offer a soft diet. Also avoid foods that need much chewing. Avoid citrus, salty, or spicy foods. Note: Fluid intake is much more important than eating any solids.
- Swollen tonsils can make some solid foods hard to swallow. Cut food into smaller pieces.

7. What to Expect:

- Strep throat responds quickly to antibiotics.
- The fever is usually gone by 24 hours.
- The sore throat starts to feel better by 48 hours.

8. Return to School:

- Your child can return to school after the fever is gone.
- Your child should feel well enough to join in normal activities.
- Children with Strep throat need to be taking an antibiotic for at least 12 hours.

Call Your Doctor If

- Trouble breathing or drooling occurs
- Fever lasts more than 3 days
- You think your child needs to be seen
- Your child becomes worse

Pediatric Care Advice

Author: Barton Schmitt MD, FAAP

Copyright 2000-2022 Schmitt Pediatric Guidelines LLC

Disclaimer: This health information is for educational purposes only. You the reader assume full responsibility for how you choose to use it. The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. Listing of any

resources does not imply an endorsement.