



## Coping with Scarlet Fever

**Scarlet fever causes a distinctive pink-red rash which may start in one area but then spreads to other parts of the body, such as the ears, neck and chest. The rash is sometimes itchy and feels a little bit like sandpaper to the touch.**

- The rash doesn't spread to the face but your child's cheeks may look flushed while the area around their mouth might look pale.
- Other symptoms to look out for include a high temperature, swollen neck glands, a loss of appetite and generally feeling unwell. Some children get red lines in the folds of their body (e.g. in the armpit) and a white coating on the tongue which then peels to leave a distinctive red and swollen tongue.
- Rashes like the one caused by scarlet fever can look alarming so carrying out a 'tumbler test' is a good way to get some immediate reassurance. In most cases the rash will fade when you press the side of a glass tumbler firmly on your child's skin. If the rash is visible through the glass this is a sign of septicaemia and you should call 999 immediately.

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**For additional fact sheets see [www.ihv.org.uk](http://www.ihv.org.uk)**

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- Scarlet fever is also known as scarlatina, a more mild form of the illness.
- Scarlet fever is extremely infectious and those most at risk are children aged between 2 and 8 (although anyone can catch it.) Most children over the age of 10 have immunity to the bacteria which causes scarlet fever.
- Keep your child away from other children if they have scarlet fever. It's an extremely contagious infection which is easily spread through coughing, sneezing and touch. Sharing contaminated towels, baths, clothes and bed linen also spreads the disease.
- If you think your child has scarlet fever it's important to speak to your GP as soon as possible so they can prescribe a course of antibiotics. As scarlet fever is so contagious your GP may be able to advise you over the phone, but if you do make an appointment at the surgery be sure to let staff know your child may have scarlet fever so you can be seen immediately rather than spreading the infection to others in the waiting room.
- Your GP will probably take a saliva sample to confirm the diagnosis. Antibiotics should be taken for 10 days and your child should start to feel much better once they've started the course. You can also use infant paracetamol to ease their symptoms and bring a high temperature down.
- Your child might not feel like eating but do encourage them to drink plenty of fluids while they're feeling poorly.
- Calamine lotion – available from most chemists – can be applied to your child's skin if the rash is making them itchy and uncomfortable.
- Your child's fever should disappear within 24 hours of starting antibiotics and their other symptoms should go within a couple of days. The rash usually fades after about a week.
- Treatment is important as it reduces the risk of developing complications from Scarlet Fever. It also speeds up your child's recovery. It's important to finish the whole course of antibiotics, even if your child seems much better. If you don't you might not fully clear the infection.
- After 24 hours of starting the course of antibiotics your child can return to school or nursery if they're feeling well enough.
- With the right treatment, scarlet fever shouldn't cause any complications. However if you're worried that your child isn't getting better or they develop any other worrying symptoms you should contact your GP straight away. Symptoms to look out for including feeling very unwell or being in severe pain, having a severe headache, vomiting and diarrhoea.
- Scarlet fever doesn't usually pose a threat to pregnant women, but if you're heavily pregnant and have been in contact with someone with scarlet fever do let your Midwife or GP know.

### More information:

The NHS Choices website has comprehensive information on scarlet fever here:

[bit.ly/SO8N8u](https://bit.ly/SO8N8u)