

**From the Desk of the School Nurse  
Strep Throat Alert!  
February 15, 2011**



Dear Parent,

There have been several cases of Strep throat diagnosed in the Primary School over the past few weeks. Because of the communicable nature of this illness, please be on the lookout for symptoms in your child. We are emphasizing diligent handwashing and frequent water breaks here at school (please reinforce this at home also). I hope the following information is practical and helpful to keep your family well:

**Re. Sore Throats and Strep:**

Most sore throats are caused by *viruses* as seen in colds or seasonal allergens. However, for children between the ages of two and eighteen, there is also a tendency to develop “strep. throat.” This is caused by the *streptococcus* bacteria, which can lead to complications such as **scarlet fever, rheumatic fever and kidney disease**. Symptoms usually begin 2-4 days after contact, and the degree of illness can vary from child to child. Although you can’t always tell by looking, there is a somewhat characteristic appearance to strep throat. You can suspect strep most strongly if the tonsils are: **(1) beefy red, (2) the uvula is red and swollen (the fleshy part at the back of the throat that hangs down like a raindrop), and (3) there are big lymph nodes in the neck and under the chin.** The child may also talk as if he or she has a hot potato in the back of the throat. Interestingly, symptoms that tend **not** to be associated with strep throat are: *stuffy nose, cough, and laryngitis*. (These suggest another cause such as a cold or allergy). The only certain way to diagnose strep throat is with a throat culture.

**It is best to contact your pediatrician if the following applies:**

- ✓ There is a fever over 101.5°
- ✓ The onset of sore throat is *rapid*.
- ✓ The sore throat persists beyond one or two days.
- ✓ A rash appears with the sore throat, especially one that looks like sand paper or “goose bumps” along with the appearance of “strawberry tongue” (signs of scarlet fever).
- ✓ Complains of belly pain (indicating that the lymph nodes in the abdomen are swollen).
- ✓ Recent contact with another child who was diagnosed with strep throat or the skin infection, impetigo.
- ✓ Pus or greenish-yellow discharge seen in the back of the throat.
- ✓ Large, rubbery lymph nodes in the neck region.
- ✓ “Petechiaie,” tiny red dots (hemorrhages) surrounding the tonsils and extending on the palate. Also, small white dots or patches may be visible on the palate or tonsils.

**TREATMENT:**

Medical treatment is usually an antibiotic such as penicillin. It is important to finish the entire course of medication, even if your child feels fine. This will help ensure that the medication has time to kill all the attacking organisms down to the very last “bug”! In addition to antibiotic treatment, you can try home remedies: salt-water gargles, honey or lemon in tea, and acetaminophen or ibuprofen for pain and fever.

**Special note:** Remember to change the toothbrush after this and other illness.

**RETURN TO SCHOOL AFTER STREP THROAT:**

Your child should not return to school until at least 24 hours after medication has started, and in accordance with your doctor’s orders.

Please call me if I can answer any questions. My office phone number is 390-2242 Ext 2113 and I look forward to helping in every way I can.

Dolores Hallsworth, RN  
Primary School Nurse