

Strep Throat Information and Control Measures

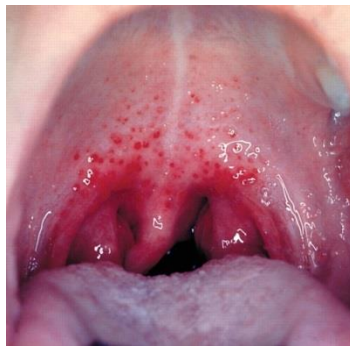
What is Strep Throat?

This common sore throat, affecting 20-30% of the pediatric (mostly 5-15 years) population and ~ 15% of the adult population, is caused by a bacterium called Group A Streptococcus. The bacterium infects the throat and tonsils and may reside “normally” in the nose and throats of some people without causing disease (a carrier). If left untreated the Streptococcus can go on to cause serious complications including Scarlet Fever, Rheumatic Fever, and Post-Streptococcal Glomerulonephritis (kidney disease).

How is Strep Throat Diagnosed?



Swollen, spotty tonsils



Petechiae on roof of mouth



Red rash feels like sandpaper

The “Strep Throat” illness has some “classic” symptoms including:

- Sudden onset (sometimes severe) sore throat
- Difficulty swallowing due to pain
- Red, Swollen tonsils that may have white patches/spots or pus
- Petechiae (red spots) over the roof of the mouth
- Nausea/vomiting/ stomachache
- Decreased appetite
- Headache
- Body aches
- Fever & chills
- Rash (sandpaper like)
- Fatigue/malaise

It is often diagnosed by use of a Rapid Strep Test in the Health Care provider’s office. Since the Rapid Strep Test may produce a false negative, the Health Care Provider may, if symptoms strongly suggest Strep, follow up with a lab-based Throat Culture, which takes 1-2 days to read.

Generally Strep Throat is not coincidental with cold symptoms, runny nose and mouth ulcers and often follows exposure to Streptococcus by 2-5 days (incubation).

How is Strep Throat Spread?

The bacterium is a commonly occurring community bacterium. It is passed from person to person by “droplets” from the nose or mouth (respiratory secretions) through coughing and sneezing. It also can reside on surfaces so that one can “pick up” the bacteria on their hands from an object and transfer it when they touch their face – mouth or eyes.

How to Prevent the Spread/ Control Measures:

The best method of controlling disease is good handwashing. Since the Strep can be spread via hand contact from object to respiratory tract, good and frequent handwashing is the first line of defense.

- Legal prescribers will order antibiotics based on the result of lab testing. Antibiotics taken for a virus will do no good! If prescribed antibiotics, ALL the medication must be finished for maximum effectiveness and to prevent recurrence and resistance.
- Students/staff are permitted to return to school and activities 24 hours after treatment with antibiotics *provided* they are fever free (without fever reducing medications) and feeling well.
- Do not share utensils or dishes with household members to prevent spread.
- Toothbrushes should be changed 24 hours after but before completing the antibiotics.
- Change bed linens and pillowcases 24 hours after starting antibiotics.

Case-Finding – Administrative Procedures for Strep Throat:

When the school nurse suspects Strep Throat:

- If one or more symptoms (above) are present, the student should be sent home and referred to their Health Care Provider for evaluation.

Symptomatic Relief (to use Following Health Care Provider Evaluation)

- **Follow the recommendations of your Health Care Provider and take any medications exactly as prescribed.**
- Gargle with warm/salt water (1/2 tsp. salt to 1 cup warm water)
- Suck on ice pops; drink cool fluids
- Use a room humidifier for sleeping
- Suck on hard candies/throat lozenges (Elementary School Students must have signed Authorization to Carry on file in the school clinic for Lozenges)
- Do NOT use Aspirin or Aspirin (Salicylate) containing medications.

References:

1. [Strep Throat: All You Need to Know | CDC](#) viewed 1/22/2023
2. Cobb County School District School Nursing/Clinic Procedures

