



Strep: What's It All About...

Why Treat Strep Throat?

Three reasons: your child will feel better faster -- often in 24 hours. Second, the infection will be less likely to spread. Strep is no longer contagious 24 hours after starting antibiotics. Third, and perhaps most importantly, complications can be avoided. These are rare, but include rheumatic fever and abscesses around the tonsils. Rheumatic fever can affect the heart valves and the joints. Scarlet fever is sometimes confused with rheumatic fever. Some children get a rash that feels like sandpaper when they get strep. That's scarlet fever.

When should you suspect strep? "Classic strep" causes fever, headache, stomachache, swollen glands, musty breath, and red spots on the roof of the mouth. If your child complains of a sore throat but also has a cough, nasal congestion, a hoarse voice, and lacks classic strep features, the culprit is likely a virus.

Strep, like other sore throats, can be treated with ibuprofen, zinc lozenges, slippery elm tea, and soups until the antibiotic kicks in -- which usually does not take long.

Strep Carriers

Some children are strep carriers. They have a positive throat culture or rapid test even when they are not sick or even when they are on penicillin. Strep carriers are not contagious, and do not get complications of strep. Up to 20% of elementary school children are carriers in late winter and early spring. What happens when a carrier gets a cold, flu, sinus infection, or the heat is on and dries their throat? They come into the office complaining of a sore throat. Maybe it looks a little red, maybe not. The test is positive. Thus, sometimes they get treated when they really don't need to be. It's often a little confusing -- even for doctors.

Once in a while, doctors will treat strep carriers with certain antibiotics to clear the carrier state -- at least temporarily. This may be done in a large family when the "dominoes effect" or the "ping-pong effect" seems to be occurring.

Reducing the Risks

Doctors do not recommend tonsillectomy for recurrent strep that much anymore. Why? One reason is the better understanding of strep carriers. Still, we do recommend that children with large tonsils that have sleep apnea, distorted speech, or constantly swollen neck gland should consider an ENT consult. A child requiring hospitalization for strep or who has had at least six documented infections over the last year should consider a visit to the ENT too.

Is it a good idea to throw the toothbrush in the dishwasher, or even the trashcan, during strep treatment? Probably so. It may prevent relapse.

Finally, don't bother your vet! We no longer worry about kids getting strep from dogs.