

# Strep Throat

## What is strep throat?

Strep throat is an infection caused by a specific type of bacteria, *Streptococcus*. When your child has a strep throat, the tonsils are usually very inflamed, and the inflammation may affect the surrounding part of the throat as well.

## Symptoms

Strep throat is caused by a bacterium called *Streptococcus pyogenes*. To some extent, the symptoms of strep throat depend on the child's age.

- **Infants** with strep infections may have only a low fever and a thickened or bloody nasal discharge.
- **Toddlers (ages one to three)** also may have a thickened or bloody nasal discharge with a fever. Such children are usually quite cranky, have no appetite, and often have swollen glands in the neck. Sometimes toddlers will complain of tummy pain instead of a sore throat.
- **Children over three years of age** with strep are often more ill; they may have an extremely painful throat, fever over 102 degrees Fahrenheit (38.9 degrees Celsius), swollen glands in the neck, and pus on the tonsils.

It's important to be able to distinguish a strep throat from a viral sore throat, because strep infections are treated with antibiotics.

## When to call the pediatrician

If your child has a sore throat that persists (not one that goes away after her first drink in the morning), whether or not it is accompanied by fever, headache, stomachache, or extreme fatigue, you should call your pediatrician. That call should be made even more urgently if your child seems extremely ill, or if she has difficulty breathing or extreme trouble swallowing (causing her to drool). This may indicate a more serious infection.

## Diagnosis

The doctor will examine your child and may perform a throat culture to determine the nature of the infection. To do this, he will touch the back of the throat and tonsils with a cotton-tipped applicator and then smear the tip onto a special culture dish that allows strep bacteria to grow if they are present. The culture dish usually is examined twenty-four hours later for the presence of the bacteria.

Most pediatric offices perform rapid strep tests that provide findings within minutes. If the rapid strep test is negative, your doctor may confirm the result with a culture. A negative test means that the infection is presumed to be due to a virus. In that case, antibiotics (which are antibacterial) will not help and need not be prescribed.

## Treatment

If the strep test shows that your child does have strep throat, your pediatrician will prescribe an antibiotic to be taken by mouth or by injection. If your child is given the oral medication, it's very important that she take it for the full course, as prescribed, even if the symptoms get better or go away.

If a child's strep throat is not treated with antibiotics, or if she doesn't complete the treatment, the infection may worsen or spread to other parts of her body, leading to conditions such as abscesses of the tonsils or kidney problems. Untreated strep infections also can lead to rheumatic fever, a disease that affects the heart. However, rheumatic fever is rare in the United States and in children under five years old.

## Prevention

Most types of throat infections are contagious, being passed primarily through the air on droplets of moisture or on the hands of infected children or adults. For that reason, it makes sense to keep your child away from people who have symptoms of this condition. However, most people are contagious before their first symptoms appear, so often there's

## **Strep Throat** (continued)

really no practical way to prevent your child from contracting the disease.

In the past when a child had several sore throats, her tonsils might have been removed in an attempt to prevent further infections. But this operation, called a *tonsillectomy*, is recommended today only for the most severely affected children. Even in difficult cases, where there is repeated strep throat, antibiotic treatment is usually the best solution.

Source: Adapted from Caring for Your Baby and Young Child: Birth to Age 5 (Copyright © 2009 American Academy of Pediatrics)

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