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Advice on Health (No. 151)

SCARLET FEVER

(Written for "The Listener" by DR. H. B. TURBOTT, Director of the
Division of School Hygiene, Health Department)

THERE is a flare-up of scarlet fever in Wellington and Canterbury provinces this Autumn. It may spread elsewhere. The spread can only be stopped by early recognition of the disease and prompt isolation of the

patient, so that mothers and teachers should know something about it.

Scarlet fever is an infectious disease, the germ of which lives in the mouth and throat of sufferers and carriers, and may also be present in any discharges. The ordinary case is most infectious in the early stages. When the temperature falls the chance of spread of infection lessens. By the third or fourth week most patients are safe to mix with others, provided their throats are healthy by then. If there's any inflammation in the throat, or any discharge from nose or ears, or any swollen glands in the neck, there will still be scarlet fever germs about. It is these sort of cases who become convalescent carriers of infection to other people. They should be isolated till all these inflammatory conditions are healed. This is one way to get the disease—from carriers.

But the main spread is by personal contact. If your child gets near to another in the early stages of scarlet fever, or to a convalescent carrier, his risk of infection is great, for he will be peppered with infectious droplets from their mouths. Anybody looking after a scarlet fever case can transmit the disease on her hands or clothing, or it can be passed on by handling things touched by the patient. So if you are looking after a case of scarlet fever at home, keep an overall in the sick room. Put this on as you enter and remove it as you leave. Always wash your hands thoroughly with soap and water after attending the patient, and keep the patient's things and food utensils separate till he is better. Nothing should pass out of the isolation room unless disinfected. Catching scarlet fever from infected things is not a usual way. If only children can be kept away from sufferers and convalescent carriers, there will be few cases.

Twenty-four Hours' Warning

Keeping children away from sufferers is easy once you know the disease is present. Unfortunately prevention of spread depends on recognition before the rash is out, or as it is appearing. We do get 24 hours' warning. Scarlet fever begins with a sore throat, headache, nausea, or vomiting. The temperature rises. Twenty-four hours later a bright scarlet rash appears, a scarlet flush of the skin with minute spots of intense redness superimposed. From the neck and chest it spreads to the body and thighs, lastly to the arms and legs. It lasts two to three days, fading by the sixth day. Thereafter the skin begins to flake and peel. This skin peeling is not infectious. The tongue tip and edges are reddened the first day of the disease and the top furred. This fur peels off by the third day, leaving the red rough raw "strawberry" tongue. After the rash and fever disappear, the patient feels well, but quiet convalescence is needed to avoid strain on the heart and kidneys. The patient needs at least three and often four weeks' isolation for his own sake and for the protection of others.

Contacts among other children may not go to school if the case is nursed at home till the patient is released from isolation; if the patient be treated at hospital, contacts can return to school after seven days.



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If you can begin now, then write to the Department of Health for fully informative literature, or

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