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SCARLET FEVER

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Abstract: *Scarlet fever is an acute infectious disease caused by toxigenic strains of Streptococcus pyogenes (Group A Streptococcus) characterized by fever, pharyngitis, a sandpaper-like rash and "strawberry tongue." Historically associated with high morbidity and mortality, scarlet fever is now effectively managed with antibiotics, notably penicillin V or amoxicillin. Recent outbreaks with atypical seasonality and increased mortality highlight the need for continued awareness and surveillance. Diagnosis is primarily clinical, supported by laboratory tests such as rapid antigen detection and throat culture. Management includes prompt antibiotic therapy to reduce transmission and prevent complications, which may be suppurative or immune-mediated. Prevention focuses on early treatment, respiratory hygiene and outbreak control in community settings.*

Keywords: *Scarlet fever, Streptococcus pyogenes, Pharyngitis, Rash, Antibiotic therapy, Rapid antigen detection test.*

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Points to Remember

- ***Scarlet fever presents with fever, sore throat, a characteristic scarlatiniform rash, and strawberry tongue.***
- ***Diagnosis is clinical but can be supported by rapid antigen detection tests and throat cultures.***
- ***Molecular PCR assays offer high sensitivity but are not universally available.***
- ***Oral penicillin V is the first-line therapy; amoxicillin is preferred in regions where penicillin V is not readily available.***
- ***Alternatives exist for penicillin-allergic patients but resistance to macrolides should also be kept in mind.***
- ***Complications can be suppurative (e.g., otitis media, abscesses) or nonsuppurative/immune-mediated (e.g., acute rheumatic fever, post-streptococcal glomerulonephritis).***
- ***Prompt treatment is the key.***

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