Rare but serious complications can occur in patients dealing with the common bacterial infection known as strep throat.

Welcome to this edition of Patient Listening a Podcast service from Marshfield Clinic where we present health topics to you without all the technical jargon so you can get information that is easy to understand and useful to you in your everyday life. I’m your host John Tracy.

**John:** Vicki Viegut is a pediatrician at Marshfield Clinic Marshfield Center and joins me know to talk about a recent outbreak of strep throat that has taken the area by surprise over the past couple of weeks.

Thanks for joining me Vicki…

**Dr. Viegut:** You’re welcome. Thanks for having me.

**John:** In real basic terms what is strep throat?

**Dr. Viegut:** Well strep throat is a specific type of pharyngitis, or just a sore throat caused by a specific type of bacteria which is group-A beta-hemolytic streptococci. Most sore throats are caused by viruses, but this is a specific type of strep throat caused by a specific bacteria. Around 10% of sore throats are caused by strep.

**John:** What are the symptoms of strep? And when should someone who is experiencing these symptoms call their doctor to schedule an appointment?

**Dr. Viegut:** Well it’s hard to tell because there is no way to completely differentiate just by how you look clinically. A sore throat caused by a virus versus strep throat. So doctors can’t do it and you can’t do it at home. There are however a few things that we look for.

Strep throat is more likely to occur if you do not have a cough or other cold symptoms. Certainly if you have a known contact with someone that had strep throat you’re more likely to have it. If you have a higher fever, 101 to 102, if you have tender lymph nodes or those swollen glands in the front of your neck; that is more likely to be strep, and if you have exudates or white-ish spots on your tonsils.

Other things we look for are if the uvula or the thing that hangs down in the back of your throat is red, if you have dots over the roof of your mouth, or a very red throat in the back. Sometimes nausea and vomiting can go along with strep, and it is more common in children so it’s more common in the ages of 5 to 15.

As far as when you come in, obviously if you have those types of symptoms, you would be more likely to come in. So if you have a sore throat and the absence of cold symptoms, and it has gone on for probably more than two days, it’s reasonable to start thinking about strep. You obviously need to come in if you are very ill, if you have trouble swallowing, or a very high fever. Then you just need to be seen.
Things that would tell you you probably don’t need to come in would include the symptoms of a cold, so if you have a very stuffy nose and a bad cough it’s less likely to be strep. If you have a hoarse voice or a barking, croupy sort of cough, it’s more likely to be a virus. And if the sore throat lasts longer than five days, and if you really have any sort of sore throat that lasts longer than five days, you should be seen.

John: So that’s physically what you are looking for but you said earlier that visually you can’t diagnose strep throat so what is the magic wand, the test that determines whether of not you have it?

Dr. Viegut: Well we do a throat culture and we usually do two swabs when you come in to be checked for strep throat. They look like little Q-tips and one of the Q-tips goes towards a rapid antigen test which we call the quick test. It’s back in about five minutes and it checks for the antigen or a part of that strep throat. That is a very accurate test; it misses only around ten percent of people. And just to catch the other ten percent that we miss, we will culture it if the rapid test is negative. And that will grow out the bacteria, so that is a longer test. They grow it out in the lab and that takes about two days. That is a very accurate test and really should catch all people who have strep throat.

John: Ok, so once you’ve determined that someone does have strep throat, what are you going to do to treat it?

Dr. Viegut: Penicillin is the treatment of choice, so a very simple antibiotic. In pediatrics we often use Amoxicillin because it tastes much better. So we usually use Amoxicillin, if a child can swallow pills we will use Penicillin. So it’s a very simple treatment, it’s a ten day course you have to take it for the whole ten days even though we expect you to feel better relatively quickly. And strep really doesn’t have resistance so Amoxicillin or Penicillin should work fine.

John: Are there some side effects of Amoxicillin that you should be aware of?

Dr. Viegut: Diarrhea is your most common side effect. So we often tell people to eat yogurt to replace some of the bacteria we are killing off. And now they even sell some of those Probiotic things that are not a bad idea to take if you do get a lot of diarrhea.

Most children however tolerate them just fine. The biggest risk with the Amoxicillin would be an allergic reaction.

John: In the mean time, you said that the antibiotics kick in pretty quickly, but there’s probably a waiting period of twelve to forty-eight hours before that sore throat goes away. Are there any over the counter type of things or home remedies I can do to kind of ease the pain of a sore throat?

Dr. Viegut: Sure, because like we said, around 90% of sore throats are going to be caused by viruses, so we are going to say there are no antibiotic that is going to clear that, it’s just going to take time.
So we usually have you rest more, drink plenty of fluids, Tylenol or ibuprofen are good pain relievers and also decrease any fever. Warm liquids tend to help so sipping on warm apple juice or tea; that can be helpful. Over the counter throat lozenges if your child isn’t too young for that, so watch out for choking. But in an older child or adult over the counter throat lozenges work fine.

You don’t need to take any fancy throat sprays or other types of lozenges. Just the regular cough drops will soothe your throat just as much. And then usually a soft diet because you don’t want to be eating Doritos or something that is really hard on your throat. And avoid cigarette smoke because that will irritate your throat.

**John:** Will strep go away without antibiotics?

**Dr. Viegut:** That’s a good question. It will go away without an antibiotic treatment, but then you are at risk for some of the complications of the strep bacteria.

**John:** What would those be?

**Dr. Viegut:** The biggest one that we worry about, even though all of these are small risks with serious complications, is rheumatic fever. And that lead to damage of your heart valves if you do not treat the strep. Again it doesn’t develop in everyone, it is a small risk but it is a significant problem if it happens.

You can have arthritis, that’s another, post-strep arthritis can occur. That usually clears a couple of weeks after the strep.

Kidney problems can occur, kidney damage. Again, rare but possible.

And more invasive tissue infections. So in other words you can get a tonsillar abscess or a deeper infection of the tissues in your throat.

Toxic shock is associated with strep as well, which is where you have low blood pressure, a bad rash, and actually a shock like condition. And then just other types of skin infections like impetigo can spread if you have a strep throat.

**John:** So you really want to knock this thing out at the root of the problem.

**Dr. Viegut:** Yeah, it’s important to treat. You have about seven days to treat before you would start to worry about these complications, especially with rheumatic fever. So you do have some time if you get a bad sore throat on the weekend, and you feel it is safe to wait till the weekday; you can because you really have at least seven days to wait before you should seen and treated.

**John:** Is there anything I should have asked and didn’t?
**Dr. Viegut:** Well there are a lot of questions about contagiousness; you know when am I contagious with this strep throat?

Strep throat is spread from person to person, it is spread by secretions. So nasal secretions, saliva, anything will spread it. Close contacts are more at risk, so kids in the same classroom or the same household can spread it. There is usually a 25%-35% rate of transmission in schools and families, so that’s a pretty high transmission rate. And you are contagious for around 24 hours after you start the antibiotics. So you should be on your antibiotics for 24 hours before you are out and about and around other people. You are usually contagious with the strep bacteria for 2 to 5 days before you even have a sore throat so you may also spread if before you know you have it.

Toothbrushes can even harbor the bacteria, so you do want to clean all your toothbrushes, retainers, any kind of dental appliances should all be thoroughly cleaned if you are being treated for strep throat.

**John:** Or just throw them out and have them replaced.

**Dr. Viegut:** Absolutely

**John:** Thanks again Vicki.

That’s all the time we have for now. On behalf of Dr. Vicki Viegut, thanks for your time and for downloading Patient Listening.

Patient Listening is a podcast service of Marshfield Clinic and is produced by the Corporate Communications department.