

<p>by contact with contaminated articles or ingestion of contaminated milk or other food</p> <p>Incubation period: 2 to 5 days, with range of 1 to 7 days</p> <p>Period of communicability: During incubation period and clinical illness, approximately 10 days; during first 2 weeks of carrier phase, although may persist for months</p>	<p>resembles membrane seen in diphtheria; pharynx is edematous and beefy red; during first 1 to 2 days tongue is coated and papillae become red and swollen (white strawberry tongue); by fourth or fifth day white coat sloughs off, leaving prominent papillae (red strawberry tongue); palate is covered with erythematous punctate lesions</p> <p>Exanthema: Rash appears within 12 hours after prodromal signs; red pinhead-sized punctate lesions rapidly become generalized but are absent on face, which becomes flushed with striking circumoral pallor; rash more intense in folds of joints; by end of first week desquamation begins (fine, sandpaper-like on torso; sheetlike sloughing on palms and soles), which may be complete by 3 weeks or longer</p>	<p>analgesics for sore throat; antipruritics for rash if bothersome</p> <p>Complications: Peritonsillar and retropharyngeal abscess</p> <p>Sinusitis</p> <p>Otitis media</p> <p>Acute glomerulonephritis</p> <p>Acute rheumatic fever</p> <p>Polyarthrititis (uncommon)</p>	<p>provide quiet activity during convalescent period. Relieve discomfort of sore throat with analgesics, gargles, lozenges, antiseptic throat sprays, and inhalation of cool mist.</p> <p>Encourage fluids during febrile phase; avoid irritating liquids (certain citrus juices) or rough foods (chips); when child is able to eat, begin with soft diet.</p> <p>Advise parents to consult practitioner if fever persists after beginning therapy.</p> <p>Discuss procedures for preventing spread of infection — discard toothbrush; avoid sharing drinking and eating utensils.</p>
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