

# STREP THROAT Part 2: diagnosis, treatment, and when to worry

## How can I tell if my child has strep throat?

The definitive way to diagnose strep throat is for a health care provider to get a sample of the sore throat germs from your child by using a long cotton swab to gently swipe the sore throat and send the germs to a laboratory for culture. The laboratory lets the germs grow to determine if the Strep Throat bacteria grows from your child's throat.

Thus, strep throat cannot be diagnosed over the telephone. Nor can health care providers rely solely on physical exam findings, because while there is a "classic" look to strep throat, some kids have normal appearing throats yet the test reveals strep, while others have yucky looking throats but in fact have some other viral infection causing their sore throat and thus do not need antibiotic treatment since antibiotics do not cure viruses. Health care providers ask questions about your child's symptoms and perform a thorough physical exam and then do a "strep test" if they are suspicious that your child may have strep throat.

Many pediatric offices use rapid strep tests to help make a quick decision about treatment because the strep culture takes about 48 hours or so to finalize. These tests are fairly reliable, but sometimes the quick test is negative (shows NO strep) even if strep is present, so most offices will send a culture back-up if the rapid test is negative (no strep germs found). The other problem with the quick test is that once your child has strep, the quick test stays positive for about a month, even if your child no longer has strep disease. So if a child is treated for strep throat and then develops another sore throat within a month of treatment, that child needs a strep culture back up if the office quick test is positive.

To further complicate matters, some kids “carry” the strep germ in their throats but never develop the disease (no sore throat or illness symptoms). These kids will test positive for strep but do not require treatment. This is why we do not routinely check kids for strep throat unless they have symptoms of strep throat.

**My child was treated for strep throat. We used all of the antibiotic. Three days later his sore throat is back. Why did this happen?**

The most common reason for getting two episodes of strep throat close together is that your child contracted the germ again, usually from a classmate in school. If your child gets strep throat again, it is usually not because the antibiotic didn’t work but rather it is from bad luck. Most doctors treat a second episode of strep with the same medicine used the first time around.

Luckily, strep throat has not shown much, if any, resistance to standard antibiotic therapy. The reason that children (and adults) are treated for a full course of antibiotic is that this duration is known to prevent some of the complications of strep throat. You should give your child the complete course of antibiotic her health care provider prescribes, even if she “feels better” part way through the treatment. In addition to treating with antibiotic, be sure to provide pain medicine such as acetaminophen (brand name Tylenol) or ibuprofen (Motrin or Advil) to treat sore throat pain as needed.

Reasons to contact your child’s health care provider during treatment would be increasing pain, inability to swallow, or looking worse instead of better during the course of treatment.

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