



Dear Parents/Carers,

**Re: Increase in Group A Streptococcus infections (Scarlet Fever and Strep A)**

We are aware of rising concerns about Group A Streptococcus infections nationally. It is important to note that Group A Streptococcus is a common bacteria and that the majority of infections are mild and dealt with by the body's own defences. It causes a range of infections including sore throats, skin infections, scarlet fever and in rare cases bloodstream infections. Currently we are seeing higher than usual rates of infection for the time of year.

Notifications and GP consultations of scarlet fever in England are higher than normal for this point in the season, after remaining more elevated, later in the previous season, than expected.

Notifications of invasive group A streptococcus (iGAS) disease are following a similar trend and are slightly higher than expected for this time of year. The relatively higher rates of iGAS in children are noted and may reflect increases in respiratory viruses.

**We would like to take this opportunity to remind you of the signs, symptoms and the actions to be taken if you think that you or your child might have scarlet fever.**

**Signs and symptoms of scarlet fever**

Scarlet fever is a common childhood infection caused by *Streptococcus pyogenes*, or group A *Streptococcus* (GAS). It is not usually serious, but should be treated with antibiotics to reduce the risk of complications (such as pneumonia) and spread to others. The early symptoms of scarlet fever include sore throat, headache, fever, nausea and vomiting. After 12 to 48 hours, the characteristic red rash develops, usually first on the chest and stomach, then rapidly spreading to other parts of the body, making the skin have a sand-paper like feel to it. The scarlet rash may be harder to spot on darker skin, although the 'sandpaper' feel should be present. Patients usually have flushed red cheeks. They may also have a bright red 'strawberry' tongue.

**If you think you, or your child, might have scarlet fever:**

- contact your GP or NHS 111 as soon as possible
- make sure that you or your child take the full course of any antibiotics prescribed. Although you or your child will feel better soon after starting the course of antibiotics, you must complete the course to ensure that you do not carry the bacteria in your throat after you have recovered.
- stay at home, away from nursery, school or work for at least 24 hours after starting the antibiotic treatment, to avoid spreading the infection.

You can help stop the spread of infection through frequent hand washing and by not sharing eating utensils, clothes, bedding and towels. All contaminated tissues should be disposed of immediately.

## **Invasive Group A Strep (iGAS)**

The same bacteria which cause scarlet fever can also cause a range of other types of infection such as skin infections (impetigo) and sore throat. In very rare cases, the bacteria can get into the bloodstream and cause an illness called invasive group A strep (iGAS). Whilst still very uncommon, there has been an increase in iGAS cases this year, particularly in children under 10 years old. It is very rare for children with scarlet fever to develop iGAS infection.

As a parent, you should trust your own judgement.

### **Contact NHS 111 or your GP if:**

- your child is getting worse
- your child is feeding or eating much less than normal
- your child has had a dry nappy for 12 hours or more or shows other signs of dehydration
- your baby is under 3 months and has a temperature of 38C, or is older than 3 months and has a temperature of 39C or higher
- your baby feels hotter than usual when you touch their back or chest, or feels sweaty
- your child is very tired or irritable. Call 999 or go to A&E if:
- your child is having difficulty breathing – you may notice grunting noises or their tummy sucking under their ribs
- there are pauses when your child breathes
- your child's skin, tongue or lips are blue
- your child is floppy and will not wake up or stay awake.

### **Possible Complications – Immune system deficiencies or recent chickenpox**

Children who have had chickenpox recently are more likely to develop more serious infection during an outbreak of scarlet fever and so parents should remain vigilant for symptoms such as a persistent high fever, cellulitis (skin infection) and arthritis (joint pain and swelling). If you are concerned for any reason, please seek medical assistance immediately. If your child has chickenpox, then they should avoid contact with other people and therefore not attend a childcare setting for at least 5 days from the onset of the rash and until all blisters have crusted over.

If your child has an underlying condition which affects their immune system, you should contact your GP or hospital doctor to discuss whether any additional measures are needed.

### **Stop the spread**

During periods of high incidence of scarlet fever, there may also be an increase in outbreaks in schools, nurseries and other childcare settings. Children and adults with suspected scarlet fever should stay off nursery / school / work until 24 hours after the start of appropriate antibiotic treatment. Good hygiene practice such as hand washing remains the most important step in preventing and controlling spread of infection.

## **Resources**

NHS Scarlet Fever

<https://www.nhs.uk/conditions/scarlet-fever/>

Scarlet Fever: Symptoms, Diagnosis & Treatment

<https://www.gov.uk/government/publications/scarlet-fever-symptoms-diagnosis-treatment>

Health Protection in education and childcare settings

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z>

Hand hygiene resources for schools

<https://www.e-bug.eu/>