



8<sup>th</sup> December 2022

Dear Headteacher

### **Re: Increase in scarlet fever**

We are writing to inform you of a recent national increase in notifications of scarlet fever to the UK Health Security Agency (UKHSA), above seasonal expected levels. We would like to take this opportunity to remind you of the signs, symptoms and the actions to be taken if you become aware of cases or an outbreak at your setting.

The Health Protection Team are experiencing a very high volume of calls so we have attached an Information pack which will enable you to manage any outbreaks of scarlet fever within the setting and this also includes information about other Group A Streptococcal infections. This will ensure you have all the information you need and you are not waiting for information to be sent to you.

We have also attached a letter for parents/carers about the national increase in scarlet fever and the signs and symptoms to look out for in the case of severe disease. We would be grateful if you could send this on our behalf to your parents.

### **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, pinhead rash develops, typically first appearing on the chest and stomach, then rapidly spreading to other parts of the body, and giving the skin a sandpaper-like texture. The scarlet rash may be harder to spot on darker skin, although the 'sandpaper' feel should be present. Patients typically have flushed cheeks and be pale around the mouth. This may be accompanied by a bright red 'strawberry' tongue.

### **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 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. Parents are advised to trust their judgement when their child is unwell; if their child seriously deteriorates, they should seek prompt medical attention.

## Infection control advice

In schools and nurseries, infections can be spread through direct physical contact between children (and staff) and through shared contact with surfaces such as table tops, taps, toys and handles. During periods of high incidence of scarlet fever there may also be an increase in outbreaks in schools, nurseries and other childcare settings. As per national '[Health protection in children and young people settings, including education](#)' guidance, children and adults with suspected scarlet fever should be **excluded** from nursery / school / work until **24 hours** after the commencement of appropriate antibiotic treatment. Good hygiene practice such as hand washing, regular cleaning of classrooms and equipment and good ventilation are the most important steps in preventing and controlling spread of infection.

## Outbreak of Scarlet Fever

An outbreak of scarlet fever is two or more scarlet fever cases in the same class or a specific close mixing group that occurs within a 10-day period. Please see the guidance [Management of scarlet fever outbreaks in schools \(publishing.service.gov.uk\)](#) for further information.

You do not need to report cases or outbreaks of scarlet fever to the Health Protection Team. We have provided you with a suit of template letters with the pack which you can share with parents and staff should you suspect an outbreak of scarlet fever. Please note there are three different template letters and a fact sheet for you to use in different scenarios:

1. Two or more cases of scarlet fever in a class – send template letter one to affected class(es)/specific group
2. Two or more suspected/confirmed cases of scarlet fever and at least one case of suspected flu in a class within a 10 day period – send template letter two to affected class(es)/specific group
3. Two or more suspected/confirmed cases of scarlet fever and at least one case of suspected chickenpox in a class within a 10 day period – send template letter three to affected class(es)/specific group
4. A fact sheet which can be sent to parents in the wider school community in any of the above scenarios.

You should follow the infection control advice above and that included in the pack. UKHSA does not routinely recommend any school closures.

Contacts of any scarlet fever cases (including household members) are able to continue to attend school and do not require any antibiotics unless they become symptomatic themselves.

You should only contact the Health Protection Team on 0344 225 3861 or [se.acuterresponse@ukhsa.gov.uk](mailto:se.acuterresponse@ukhsa.gov.uk) for advice if:

- Any child or staff member is seriously unwell and admitted to hospital with Group A Strep (GAS) infection (or there is a death) because this is indicative of invasive disease

- The Scarlet Fever outbreak continues for over 3 weeks, despite taking steps to control it **and** you are concerned that case numbers are still rising.
- You are an SEN setting **and** are experiencing an outbreak of scarlet fever in a class that provides care or education to children who are clinically vulnerable.

Thank you for your support.

Yours sincerely

**Trish Mannes**

Deputy Director for Health Protection  
South East Region  
UK Health Security Agency

**Resources**

[NHS – Scarlet Fever](#)

[Scarlet fever: symptoms, diagnosis and treatment](#)

[Management of scarlet fever outbreaks in schools \(publishing.service.gov.uk\)](#)

[Health protection in education and childcare settings](#)

[Hand hygiene resources for schools](#)