

Scarlet Fever and Strep A (GAS)

SCARLET FEVER AND STREP A

There has been a higher number of scarlet fever cases than usual for this time of year. Scarlet fever is usually a mild illness but is highly infectious. Scarlet fever is caused by a bacteria called group A streptococci (GAS) which can cause other respiratory and skin infections, including impetigo (a skin infection where small pustules join to form crusty yellow sores), tonsillitis and pharyngitis (sore throat).

There has also been a rise in lower respiratory tract Strep A infections over the past few weeks, which in some children can cause severe illness if the bacteria enters the blood stream. The most serious infections come from invasive group A strep, known as iGAS. Whilst iGAS infections are still uncommon, there has been an increase in cases this year, particularly in children under 10 and, sadly, a small number of deaths.

It is important, therefore, to treat children with signs of group A strep infections, like scarlet fever.

Scarlet fever symptoms to look out for include:



- Sore throat
- Headache
- High temperature
- Swollen neck glands
- Pinkish or red body rash with a sandpapery feel
- A white coating on the tongue (Strawberry tongue)
- A general feeling of being unwell

What to do if a child is unwell

If a child becomes seriously unwell, parents should be advised to contact 111 or their GP, particularly if the child's condition is getting worse, they are eating or drinking less, have a temperature above 39 degrees and are tired or irritable. Please only attend A&E in an emergency.

Parents are advised to call 999 or go to A&E if:

- The child is having difficulty breathing or there are changes in their breathing, for example pauses
- Skin, tongue, and lips are blue
- Is floppy and will not wake up or unable to stay awake

Education settings are advised to remain vigilant and refer to UKHSA guidance [Scarlet fever: managing outbreaks in schools and nurseries - GOV.UK \(www.gov.uk\)](#). If you are informed by a parent that their child has confirmed Strep A, please ensure that this information **remains confidential**.

Some top tips for managing outbreaks within the setting are:

- Encourage good hand and respiratory hygiene.
- Cleaning of the environment including equipment and toys, touch points such as taps, toilet flush handles and door handles.
- Children who are unwell should be advised to stay away from the setting until they are feeling better.
- If the child has scarlet fever, they can return to school 24 hours after starting antibiotic treatment providing they feel well enough to do so.
- Siblings or close contacts who are not affected can continue to attend the early years setting or school.
- Children who do not receive antibiotics can be contagious for up to 2 weeks, so it is important to encourage parents to contact their GP to avoid onward transmission.
- Thorough cleaning of the environment once the outbreak has been declared over.

Scarlet fever and Strep A cases must be reported to UKHSA. The East Midlands UKHSA team can be contacted on 0344 225 4524 or email emhpt@ukhsa.gov.uk. To aid information sharing and avoid duplication, please copy in the LA Health Protection Team upon notifying UKHSA via the following address healthprotectionteam@lincolnshire.gov.uk.



Dear Parent(s) / Carer(s),

Re: Increase in scarlet fever

We are writing to inform you of a recent 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 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(s) 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

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.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Natalie Liddle', with a stylized flourish at the end.

Natalie Liddle
Head of Service – Health Protection

Resources

[NHS – Scarlet Fever](#)

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

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

[Hand hygiene resources for schools](#)

