



Thursday 8 December 2022

Dear staff,

Re: Increase in scarlet fever

I am 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.

I would like to take this opportunity to remind you of the signs, symptoms and the actions to be taken in cases of an outbreak at our school.

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.

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. A letter has been sent to parents. They have been advised to trust their judgement when their child is unwell; if their child seriously deteriorates, they should speak to their GP or call 111 for advice.

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 for **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 attending the same school / nursery or other childcare setting notified within 10 days of each other with a link between them, for example they are in the same class or year group.

If you have any concerns about managing outbreaks in your setting, please do not hesitate to speak to a member of SLT.

Yours sincerely,

Mrs Snejberkova-Taylor

Head of School

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](#)