



UK Health Security Agency North West

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Dear Colleague,

Re: Update on scarlet fever and iGAS cases in the North West

Further to our communications in March 2022 regarding scarlet fever, we are writing with an update. Regionally and nationally, we continue to see high rates of scarlet fever, higher than would be expected for this time of year. The same pattern has been noted for cases of invasive group A streptococcus (iGAS), particularly in children under 10 years. iGAS is a far less common infection caused by the same bacteria as scarlet fever but can lead to more serious illness.

The action that schools and nurseries can take to reduce spread of infection remain the same and are outlined below, including a reminder of the signs and symptoms.

Signs and symptoms of scarlet fever

Scarlet fever is a common childhood infection caused by *Streptococcus pyogenes*, or group A streptococcus (GAS). 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 pallor around the mouth. This may be accompanied by a 'strawberry tongue'. As the child improves peeling of the skin can occur.

Infection control advice

In schools and nurseries it is recognised that 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. Maintaining an ongoing emphasis on environmental cleaning, hand washing, respiratory hygiene, and ensuring staff and children who are unwell remaining away from the setting, will help reduce transmission of most infections within your setting. Ensure any cuts or scrapes are thoroughly cleaned and covered with waterproof dressings to help prevent invasive infection.

Actions to take

- Children and adults with suspected scarlet fever should **not attend** nursery / school / work until **24 hours** after starting appropriate antibiotic treatment.
- Whilst scarlet fever is circulating it is important that any children and adults with chickenpox do stay off school or nursery until all their blisters have dried over, which is usually 5 days after they first appeared.
- If you suspect an outbreak of scarlet fever at your school or nursery (i.e. two or more linked cases, for example in the same class or year group), **please notify** your health protection team on 0344 255 0562.

- If you have any cases of chickenpox or flu whilst scarlet fever is still present in the same class or year group, please notify your health protection team on 0344 255 0562.

Further guidance

More information about scarlet fever can be found here:

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

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

Guidance on exclusion for a range of infectious diseases can be found at:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Yours sincerely

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cc LA DPHs