



Dear Parent(s) / Carer(s),

**Re: Group A Streptococcal infections and increase in scarlet fever**

We are writing to provide some information about Group A streptococcal (GAS) infections and the increase in scarlet fever which is above expected levels for the time of year.

Group A streptococci are bacteria which can cause mild skin infections, sore throats and scarlet fever. You will have seen coverage on the news about Group A streptococcal infections, including sadly a small number of deaths in children.

Please be assured that severe Group A streptococcal infections are exceptionally rare.

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. Other mild Group A streptococcal infections like sore throats and skin infections do not often require treatment.

**Signs and symptoms of scarlet fever**

Scarlet fever is a common childhood infection caused by Group A streptococci. 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, a fine red rash develops which typically first appears on the chest and stomach, rapidly spreading to other parts of the body. The skin can feel a bit like sandpaper. The scarlet rash may be harder to spot on darker skin, although the 'sandpaper' feel should be present. Children often have flushed cheeks and may 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.

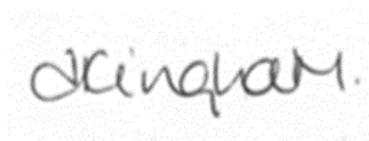
Yours sincerely,



Liz Morgan FFPH

Interim Executive Director for Public Health and Community Services

Yours sincerely,



Audrey Kingham

Director of Education and Skills/Joint Interim Director of Children's Services

### Resources

[NHS – Scarlet Fever](#)

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