

Director of Public Health

Prof Jim McManus, FFPH, CPsychol, FBPsS,
CSci, FRSB, CharteredFCIPD



Hertfordshire County Council
County Hall
CHO231
Pegs Lane
Hertford SG13 8DE

To All Schools and Early Years settings

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Dear colleagues

Increase in scarlet fever and iGAS (invasive group A streptococcal) cases

I last wrote to you in September this year regarding the rising numbers of scarlet fever. Unfortunately, you will have seen the recent media reports regarding this and very sadly reports of some deaths which is a rare but a very serious complication called iGAS or invasive Group A Streptococcus

I would therefore like to take this opportunity again to remind you of the signs, symptoms and the actions to be taken if you become aware of an outbreak of scarlet fever at your school or nursery and ask that you send the attached letter to parents and carers.

What is group A *Streptococcus* (GAS)?

- Group A streptococci are bacteria commonly found in the throat and on the skin. The vast majority of GAS infections are relatively mild illnesses, such as strep throat and [impetigo](#). These infections happen in all ages
- Occasionally, however, these bacteria can cause much more severe and even life threatening diseases. In addition, people may carry group A streptococci in the throat or on the skin and have no symptoms of disease.
- ***How are group A streptococci spread?***
- These bacteria are spread by direct contact with nose and throat discharges of an infected individual or with infected skin lesions. The risk of spread is greatest when an individual is ill, such as when people have strep throat or an infected wound. Individuals who carry the bacteria but have no symptoms are much less contagious. Treatment of an infected person with an appropriate antibiotic for 24 hours or longer eliminates contagiousness. However, it is important to complete the entire course of antibiotics as prescribed. Household items like plates, cups and toys do not play a major role in disease transmission.

What is Scarlet Fever?

- Scarlet fever is an illness that **mainly** affects children, caused by the same Streptococcus Group A bacterium.

- Scarlet fever is treatable with antibiotics. If you feel a child may have scarlet fever their parent or guardian should contact NHS111 **without delay**.
- Scarlet Fever causes a distinctive pink-red rash. Generally, scarlet fever is much less common than it used to be but in recent years there have been a number of significant outbreaks. **It's important to be aware of the signs and symptoms of scarlet fever so that early treatment with [antibiotics](#) can be given quickly.**
 - Scarlet fever usually follows a sore throat or a skin infection, such as [impetigo](#), caused by particular strains of streptococcus bacteria.
 - Initial symptoms usually include a sore throat, headache and a high temperature (38.3C/101F or above), flushed cheeks and a swollen tongue.
 - A day or two later the characteristic pinkish rash appears. It usually occurs on the chest and stomach before spreading to other areas of the body, such as the ears and neck.
 - The [symptoms of scarlet fever](#) usually develop two to five days after infection, although the incubation period (the period between exposure to the infection and symptoms appearing) can be as short as one day or as long as seven days.
 - The rash feels like sandpaper to touch and it may be itchy. On darker skin the rash may be more difficult to see although its rough texture should be apparent.
 - You can find more information including pictures by googling “NHS Scarlet Fever” or going to these links:
 - [What is Strep A and what are the symptoms of the bacterial infection? | UK News | Sky News](#)
 - [Scarlet fever - NHS \(www.nhs.uk\)](#)
 - [UKHSA update on scarlet fever and invasive Group A strep - GOV.UK \(www.gov.uk\)](#)

What is invasive group A streptococcal disease?

- Invasive GAS disease is a rare but severe and sometimes life-threatening infection in which the bacteria have invaded parts of the body, such as the blood, deep muscle and fat tissue or the lungs. iGAS is a form of sepsis and you should **take immediate action by calling 999** when:
 - A child is having difficulty breathing – you may notice grunting noises or their tummy sucking under their ribs
 - A child is very drowsy or floppy
 - there are pauses when the child breathes
 - A child's skin, [tongue or lips are blue](#)

Why are the numbers so high?

- Scarlet fever has been high since 2016 but this year a range of infections are higher than we expect, and also not following their usual seasonal patterns.
- Lots of infections showed many fewer cases during pandemic counter-measures and infections are competing to spread. Cases were unusually low and GAS is no different.

- Because all kinds of Group A strep infections are very high , severe cases will be higher, it's a function of the numbers. That means we need to be very vigilant and act quickly.
- there are a lot of people susceptible, as there always were, to this infection.
- We are also noticing it more. Government's own figures show there have been six deaths in this year but there were four in 2017-18.
- There is no evidence it's a new strain as yet

How can I prevent it?

- There is no vaccine for Strep A. Antibiotics can treat people infected who need treatment
- The best techniques to prevent spread are good infection control:
 - Good hand washing
 - Cough or sneeze into tissues, then dispose of the tissue and wash your hands. (Catch it, bin it, kill it)
 - Keep away from others when feeling unwell
 - Don't share utensils
 - Good normal cleaning
 - Keep the person off school or work until 24 hours of antibiotic treatment has been taken.
 - Wear a face covering if you have an infection
 - By teaching a child how to wash their hands properly with soap for 20 seconds, using a tissue to catch coughs and sneezes you can help them prevent spread

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. 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 [Guidance on Infection Control in Schools and other Child Care Settings](#), 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 remains the most important step in preventing and controlling spread of infection.

Recommended actions if you suspect an outbreak at your school or nursery:

- Contact the UKHSA Health Protection Team for advice **Email:** eastofenglandhpt@ukhsa.gov.uk **Phone:** 0300 303 8537

Although scarlet fever is usually a mild illness, patients can develop complications and if you have any concerns please contact your local Health Protection Team for advice.

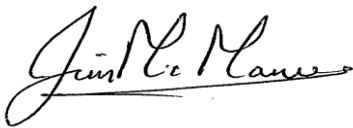
Useful Resources

Scarlet fever FAQ: [Scarlet fever: symptoms, diagnosis and treatment - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/consultations/scarlet-fever-symptoms-diagnosis-and-treatment)

Guidance on infection control in schools and other childcare settings: [Health protection in education and childcare settings - GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/consultations/health-protection-in-education-and-childcare-settings)

Hand hygiene resources for schools: <http://www.e-bug.eu/>

Yours sincerely

A handwritten signature in black ink that reads "Jim McManus". The signature is written in a cursive style with a horizontal line underneath the name.

Jim McManus
Director of Public Health