



South East Region Information Pack for Managing Scarlet Fever in Education Settings

Introduction

This pack sets out the actions education settings should take in response to cases of Scarlet Fever in the setting. It also covers information about other Group A Strep infections and exclusion advice for them. Scarlet Fever and other Group A Streptococcus infections are circulating at high levels currently. Please follow the guidance set out in this pack and only contact the South East Health Protection Team on 0344 225 3861 or se.acuteresponse@ukhsa.gov.uk if:

- Any child or staff member is seriously unwell and admitted to hospital with Group A Strep (GAS) infection (or there is a death) because this is indicative of invasive disease.
- The Scarlet Fever outbreak continues for over 3 weeks, despite taking steps to control it **and** you are concerned that case numbers are still rising.
- You are an SEN setting **and** are experiencing an outbreak of scarlet fever in a class that provides care or education to children who are clinically vulnerable.

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. 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.

Children and adults with suspected scarlet fever should be excluded from nursery / school / work until 24 hours after the commencement of appropriate antibiotic treatment.

Contacts of Scarlet Fever cases (including siblings or household members) who are well and do not have symptoms **do not** require antibiotics and can continue to attend the setting. They should seek treatment if they develop symptoms.

There is no increased risk of complications for pregnant women but if you are concerned, please discuss with your midwife.

Outbreak of Scarlet Fever

An outbreak of Scarlet Fever is defined as two or more cases in a class or specific close mixing group that occurs within a 10-day period. There are a number of actions that need to be taken in the event of a Scarlet Fever outbreak in the setting. These are detailed on page 3. **There are no actions required for a single case of Scarlet Fever.** If an outbreak in a defined class or group is continuing beyond 2 weeks, please review your infection control measures. **Single cases in different classes or groups do not constitute an outbreak.**

Other Group A Streptococcus Infections

The same bacteria which cause scarlet fever can also cause a range of other types of infection such as skin infections (impetigo) and severe sore throat. Detailed below are the actions that are relevant for these infections.

- **Impetigo:** This is a bacterial skin infection that mainly affects infants and young children. It is very infectious, and the sores can develop anywhere on the body but tend to occur as reddish sores on the face, especially

around the nose and mouth and on hands and feet. After about a week, the sores burst and leave golden brown crusts. It can sometimes be painful and itchy.

- **Action: Exclude the individual from the setting until all lesions (sores or blisters) are crusted over or until 48 hours after commencing antibiotic treatment.**
- **Sore throats:** No specific actions required by the setting for other Group A Strep infections such as sore throats (and many sore throats are caused by viruses).
 - **Action: If anyone is prescribed antibiotics for a sore throat, they should stay away from the setting for at least 24 hours after starting antibiotic treatment.**

Invasive Group A Streptococcus (iGAS)

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. However, it is important that parents and carers understand the signs and symptoms of invasive disease and seek medical attention promptly. This is why we ask the settings to send out advice letters when there is an outbreak of Scarlet Fever in the setting. Co infection with a virus is a risk factor for severe disease. This is why there are different advice letters if chicken pox or flu are circulating in the setting with a Scarlet Fever outbreak.

Useful 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](#)

[RCPCH calls on paediatricians to ‘think Group A Strep’ | RCPCH](#)

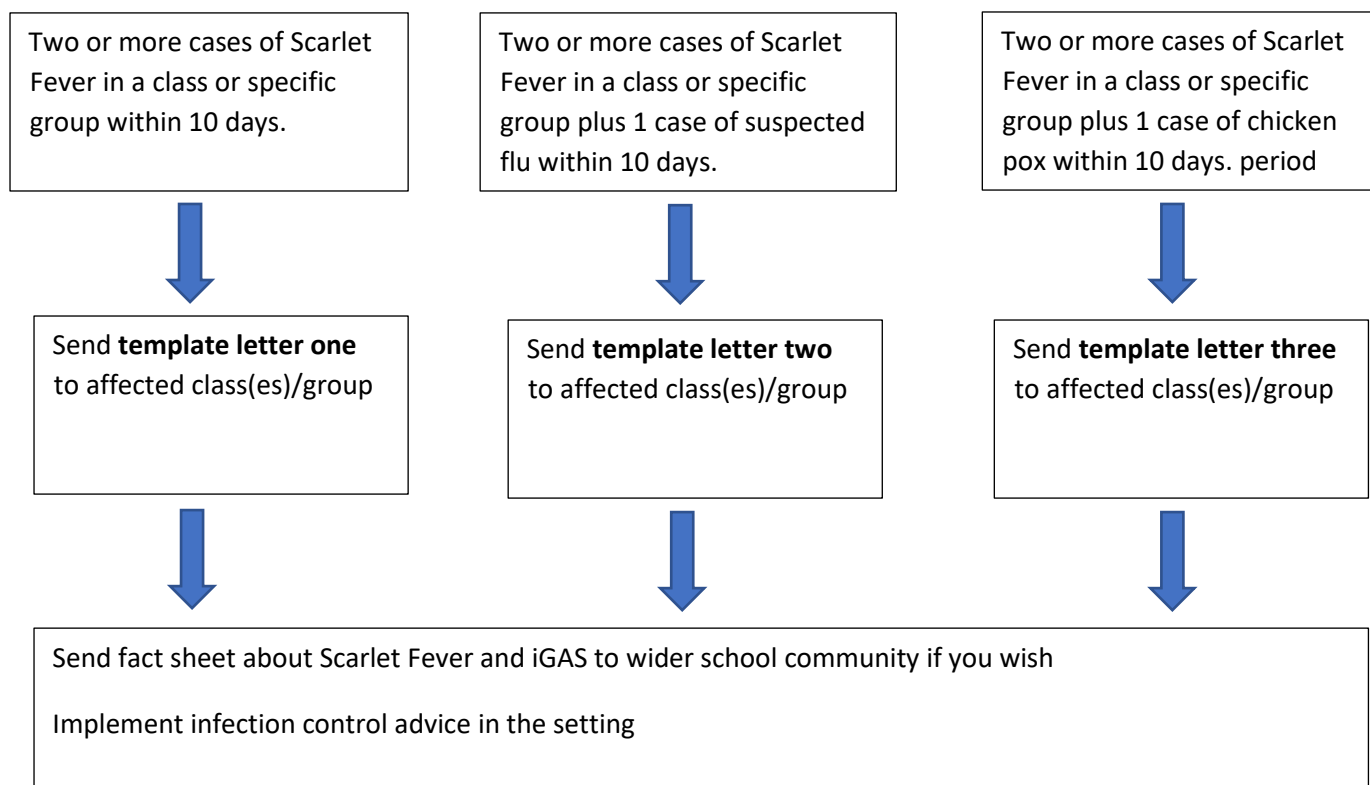
[Preventing Infections in Childcare - Online Course - FutureLearn](#)

Scarlet Fever Outbreak Action Card

An outbreak of Scarlet Fever is defined as two or more cases in a class or specific close mixing group that occurs within a 10-day period.

Key Actions	
Exclusion	<p>Children and adults with suspected scarlet fever should be excluded from nursery / school / work until 24 hours after the commencement of appropriate antibiotic treatment.</p> <p>Contacts of Scarlet Fever cases (including siblings or household members) who are well and do not have symptoms do not require antibiotics and can continue to attend the setting. They should seek treatment if they become symptomatic.</p>
Communication	<p>2 or more cases of Scarlet Fever in a class or specific group within 10 days – send relevant information letter to parents/carers/staff (see flow chart on page 3):</p> <ol style="list-style-type: none"> 1. Two or more cases of scarlet fever in a class – send template letter one to affected class(es) 2. Two or more suspected/confirmed cases of scarlet fever and at least one case of suspected flu in a class within a 10-day period – send template letter two to affected class(es) 3. Two or more suspected/confirmed cases of scarlet fever and at least one case of suspected chickenpox in a class within a 10-day period – send template letter three to affected class(es) 4. A fact sheet which can be sent to parents and staff in the wider school community in any of the above scenarios.
Closures	<p>It is not necessary to close the school, unless there are operational reasons such as significant staff absence, which would be a decision for the school in conjunction with the relevant Local Authority. There is no requirement to cancel extra-curricular activities or visits.</p>
Infection Control Advice for Limiting Transmission	
Hand and respiratory hygiene	<ul style="list-style-type: none"> • Children should be supervised and/or encouraged to wash their hand regularly and paper towels or hand dryers should be used for drying hands (wastepaper bin provided for disposal of towels) • Remind staff to wash their hands throughout the day. Hand washing needs to be done after changing nappies and helping children use the toilet. • Hand washing with liquid soap and warm water preferred over alcohol gel. • Encourage good respiratory hygiene (using and disposing of tissues). • Home (e-bug.eu) has a range of educational resources for ages 3-16 to learn about microbes, infection prevention and control, antibiotics and vaccination.
Cleaning and disinfection	<ul style="list-style-type: none"> • Daily cleaning using standard cleaning products such as detergents and bleach (Hypochlorite at 1000 ppm of available chlorine) for equipment, hard surfaces, hard toys, and sleep mats is an important part of reducing transmission. Single use cloths or paper towels should be used for cleaning. Soft toys should be machine washed. • Carpets and soft furnishings should be vacuumed daily. • Frequently touched surfaces such as taps, toilet flush handles, and door handles, should be cleaned regularly throughout the day. • Complete a deep clean at end of outbreak (at least 10 days with no new cases in the defined group). Carpets and rugs should be cleaned with a washer-extractor. Curtains, soft furnishing covers and all linen should be removed, and washed at the hottest compatible temperature. Soft furnishings without removable covers should be steam cleaned. This could be done during an evening, weekend or over the school holidays.
Broken Skin	<ul style="list-style-type: none"> • Make sure that all cuts, scrapes and wounds are cleaned and covered. This also applies to bites. This is because breaching the skin barrier provides a portal of entry for the organism.

Summary Flow Chart of Advice Letters to be Sent to Parents/Carers/Staff in the Event of a Scarlet Fever Outbreak



Remember:

- No specific actions required by the setting for other Group A Strep infections such as sore throats (and many sore throats are caused by viruses). However, if anyone is prescribed antibiotics for a sore throat, they should stay away from the setting for at least 24 hours after starting antibiotic treatment.
- Impetigo - Exclude the individual from the setting until all lesions (sores or blisters) are crusted over or until 48 hours after commencing antibiotic treatment
- An outbreak of Scarlet Fever can be declared over when 10 days have passed without any new cases in the group.
- Please only contact the South East Health Protection Team on 0344 225 3861 or se.acuterresponse@ukhsa.gov.uk for advice if:
 - Any child or staff member is seriously unwell and admitted to hospital with Group A Strep (GAS) infection (or there is a death) because this is indicative of invasive disease.
 - The Scarlet Fever outbreak continues for over 3 weeks, despite taking steps to control it **and** you are concerned that case numbers are still rising.
 - You are an SEN setting **and** are experiencing an outbreak of scarlet fever in a class that provides care or education to children who are clinically vulnerable.
- Clinicians have a duty to notify the Health Protection Team of all cases of invasive Group A Streptococcus (iGAS). In this situation we may contact the relevant school, complete a risk assessment, and recommend further actions.

TEMPLATE ONE – TO BE USED WHEN THERE ARE TWO OR MORE CASES OF SCARLET FEVER IN A CLASS OR DEFINED GROUP

Please amend highlighted sections

Dear Parent/Guardian and/or Staff,

We have been informed that a small number of children in **class/group** have been diagnosed with suspected or confirmed scarlet fever.

Although scarlet fever is usually a mild illness, it should be treated with antibiotics to minimise the risk of complications and reduce the spread to others.

The **symptoms** of scarlet fever include a sore throat, headache, fever, nausea and vomiting. This is followed by a fine red rash which typically first appears on the chest and stomach, rapidly spreading to other parts of the body. On more darkly pigmented skin, the scarlet rash may be harder to spot, but in all cases it should feel like 'sandpaper'. The face can be flushed red but pale around the mouth.

If you think your child, has scarlet fever:

- see your GP (please remember to take this letter with you) or contact NHS 111 as soon as possible
- make sure that your child takes the full course of any antibiotics prescribed by the doctor.
- Keep them at home, away from nursery, school or work until **at least 24 hours after starting the antibiotic treatment**, to avoid spreading the infection.

Complications

Children who have had **chickenpox** or **influenza ('flu)** recently are more likely to develop more serious infection during an outbreak of scarlet fever and so parents should remain vigilant for symptoms such as a persistent high fever, cellulitis (skin infection) and arthritis (joint pain and swelling). If you are concerned for any reason, please seek medical assistance immediately.

If your child has an underlying condition which affects their immune system, you should contact your GP or hospital doctor to discuss whether any additional measures are needed.

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

You can find more information on influenza and scarlet fever on NHS choices: www.nhs.uk

Yours sincerely,

Authors Name

TEMPLATE TWO – TO BE USED WHEN TWO OR MORE SUSPECTED/CONFIRMED CASES OF SCARLET FEVER AND AT LEAST ONE CASE OF SUSPECTED FLU WITHIN A 10 DAY PERIOD WITHIN A SPECIFIC CLASS OR GROUP

Amend highlighted sections

Dear Parents/Guardians and/or Staff,

We have been informed that a number of children who are in **class/group** have been diagnosed with suspected or confirmed **scarlet fever or influenza (flu)**. Where both diseases are circulating at the same time there is a slight increased risk of more serious infection.

Influenza

Most children will have a mild illness and will recover at home without needing treatment. However, if your child has a complex medical history, which potentially increases their risk of severe disease (such as asthma or immunosuppression), it is important that your GP promptly assesses your child to see if they require prompt antiviral prophylaxis. If they develop any of the following symptoms: fever (38°C or greater) and flu-like symptoms (cough, sore throat, runny nose, limb/joint pain or headache), they will then advise whether your child should receive antiviral treatment.

Children with flu-like symptoms should stay home until they are well and no longer have a fever.

Scarlet fever

Scarlet fever is also a mild childhood illness but unlike influenza, it requires antibiotic treatment. Symptoms include a sore throat, headache, fever, nausea and vomiting, followed by a fine red rash which typically first appears on the chest and stomach, rapidly spreading to other parts of the body. On more darkly pigmented skin, the scarlet rash may be harder to spot, but it should feel like 'sandpaper'. The face can be flushed red but pale around the mouth.

If you think your child has scarlet fever, you should:

- consult your GP (please remember to take this letter with you) or contact NHS 111 as soon as possible.
- make sure that your child takes the full course of any antibiotics prescribed by the doctor.
- Keep them at home, away from nursery, school or work until **at least 24 hours after starting the antibiotic treatment**, to avoid spreading the infection.

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

You can find more information on influenza and scarlet fever on **NHS choices**: www.nhs.uk

Yours sincerely,

Authors name

TEMPLATE THREE – TO BE USED WHEN TWO OR MORE SUSPECTED/CONFIRMED CASES OF SCARLET FEVER AND AT LEAST ONE CASE OF CHICKENPOX WITHIN A 10 DAY PERIOD WITHIN A CLASS OR SPECIFIC GROUP

Amend highlighted sections

Dear Parent /Guardian, and/or staff,

We have been informed that a number of children who are in **class/group** have been diagnosed with suspected **scarlet fever and/or chickenpox**. Where both diseases are circulating at the same time there is a slight increased risk of more serious infection.

Chickenpox

Chickenpox is a mild and common childhood illness that most children catch at some point. It causes a rash of red, itchy spots that turn into fluid-filled blisters. They then crust over to form scabs, which eventually drop off. To prevent spreading the infection, keep children at home for at least five days from the onset of rash and until all blisters have crusted over.

For most children, chickenpox is a mild illness that gets better on its own. But some children can become more seriously ill and need to see a doctor. Contact your GP straight away if your child develops any abnormal symptoms, for example:

- If the blisters on their skin become infected
- If your child has a pain in their chest or has difficulty breathing

Scarlet fever

Scarlet fever is also a mild childhood illness but unlike chickenpox, it requires antibiotic treatment. Symptoms include a sore throat, headache, fever, nausea and vomiting, followed by a fine red rash which typically first appears on the chest and stomach, rapidly spreading to other parts of the body. On more darkly pigmented skin, the scarlet rash may be harder to spot, but it should feel like 'sandpaper'. The face can be flushed red but pale around the mouth.

If you think your child has scarlet fever, you should:

- consult your GP (please remember to take this letter with you) or contact NHS 111 as soon as possible.
- make sure that your child takes the full course of any antibiotics prescribed by the doctor.
- Keep them at home, away from nursery, school or work until **at least 24 hours after starting the antibiotic treatment**, to avoid spreading the infection.

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

You can find more information on scarlet fever on the attached factsheet and on **NHS choices:** www.nhs.uk

Yours sincerely,

Authors name



Fact sheet for schools and parents about Group A Streptococcus (GAS) and Scarlet Fever.

What is Group A Streptococcus?

Group A Streptococcus or *Streptococcus pyogenes* is a bacterium that can be found in the throat and on the skin. People may carry it and have no symptoms of illness or may develop infection.

How is it spread?

Group A Streptococcus survives in throats and on skin for long enough to allow easy spread between people through sneezing and skin contact. People who are currently carrying the bacteria in the throat or on the skin may have symptoms of illness or they may have no symptoms and feel fine. In both cases, these bacteria can be passed on to others.

What kinds of illnesses are caused by Group A Streptococcus?

Most Group A Streptococcus illnesses are relatively mild, with symptoms including a sore throat ("strep throat"), scarlet fever or a skin infection such as impetigo. However, on rare occasions, these bacteria can cause other severe and sometimes life-threatening diseases.

Although scarlet fever is usually a mild illness, it should be treated with antibiotics to minimise the risk of complications and reduce the spread to others. Children should **stay at home until at least 24 hours after starting the antibiotic treatment** to avoid spreading the infection.

The **symptoms** of scarlet fever include a sore throat, headache, fever, nausea and vomiting. This is followed by a fine red rash which typically first appears on the chest and stomach, rapidly spreading to other parts of the body. On more darkly pigmented skin, the scarlet rash may be harder to spot, but it will still feel like 'sandpaper'. The face can be flushed red but pale around the mouth.

Children who have had **chickenpox** or **influenza ('flu)** recently are more likely to develop more serious infection during an outbreak of scarlet fever and so parents should remain vigilant for symptoms such as a persistent high fever, cellulitis (skin infection) and arthritis (joint pain and swelling). If you are concerned for any reason please seek medical assistance immediately.

What is invasive Group A Streptococcal (iGAS) disease?

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

Do contacts of a case of scarlet fever require antibiotics?

Contacts of Scarlet Fever cases (including siblings or household members) who are well and do not have symptoms **do not** require antibiotics and can continue to attend the setting. They should seek treatment if they develop symptoms.

There is no increased risk of complications for pregnant women but if you are concerned please discuss with your midwife.

What else can I do to prevent my child from becoming unwell?

Because Group A Streptococcal disease is spread through coughing, sneezing and skin contact, it is important to have good hand hygiene and catch coughs and sneezes in tissues and throw these away. If you are unwell, stay at home and seek medical advice. This will all help limit the spread of other infections, which are common this time of year.