

January 2023

Dear Student/Parent/Carer,

The UK Health Security Agency has recently released information about an increase in notifications of scarlet fever, above expected seasonal levels. We would like to share information and practical advice provided by the UKHSA and local authorities about scarlet fever and more general group A streptococcus infections.

To prepare for the winter ensure:

1. You have received all of the recommended immunisations, including Influenza.
2. You have either Paracetamol and/or Ibuprofen at home and know the appropriate dose to give - the age appropriate dose is often listed on the side of the bottle.
3. Many GP practices have online access, which means that it is easier to get a same-day appointment. Check on your GP website whether they have this option and contact the surgery to sign up for it. If you do not know how to do this, ask for support at your local library or Citizen's Advice Bureau.

What is Group A Streptococcus?

Group A Streptococcus (GAS) is a bacterium that lives in many of our throats and does not cause harm for most.

For some, it will cause a high temperature and sore throat (tonsillitis). For a very small number, it will cause a sandpaper rash and red strawberry tongue (scarlet fever). Rarely it will cause pneumonia or sepsis, which is called invasive Group A Strep (iGAS). This is **very rare** – research says there are between 2 and 4 cases for every 100,000 people per year.

As people have mixed less during the Covid-19 lockdown, germs were not shared as much at that time. People have not met as many germs and so common infections may be more common this winter.

The Group A Streptococcus causing infection is **not more serious this year**. You do not need to be more worried about a 'new infection'.

Signs and symptoms of scarlet fever

Scarlet fever is a common 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, 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 be pale around the mouth. This may be accompanied by a bright red 'strawberry' tongue.

If you think you, or somebody you know, might have scarlet fever:

- contact your GP or NHS 111 as soon as possible
- make sure that you take 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 college or work for **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.

CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.



KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.



Yours sincerely



Vicky Marks
Principal

Resources

[NHS – Scarlet Fever](#)

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

[Health protection in education and childcare settings](#)

[Hand hygiene resources for schools](#)