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Dear Head Teacher, Parent/Carer

Hull Public Health: Scarlet Fever Briefing for Educational Settings

Following the recent media articles regarding Scarlet Fever, please find below further information and guidance.

National Position: Notifications and GP consultations of scarlet fever in England are higher than normal for this point in the season, after remaining elevated later in previous season than expected. Similarly the notifications for invasive group A streptococcus (iGAS) disease are following a similar trend and are slightly higher than expected for this time of year. The relatively higher rates of iGAS in children are noted and may reflect increases in respiratory viruses.

There were 851 cases reported in week 46, compared to an average of 186 for the preceding years. Whilst numbers are similar to some previously busy year, it seems we are seeing scarlet fever and associated illnesses earlier in the winter than usual.

Local Position: Locally, we are supporting a primary setting with an outbreak of scarlet fever which saw the school close early over the weekend to carry out a deep clean. There has been no significant illness reported to date however we are seeing a large number of cases within the pupil group.

Scarlet Fever and Invasive Group A Step (iGAS): Scarlet fever is usually a mild illness, but it is highly infectious. Therefore, look out for symptoms in your child, which include a sore throat, headache, and fever, along with a fine, pinkish or red body rash with a sandpapery feel. On darker skin, the rash can be more difficult to detect visually but will have a sandpapery feel. Contact NHS 111 or your GP if you suspect your child has scarlet fever, because early treatment of scarlet fever with antibiotics is important to reduce the risk of complications such as pneumonia or a bloodstream infection. If your child has scarlet fever, keep them at home until at least 24 hours after the start of antibiotic treatment to avoid spreading the infection to others. If no antibiotics have been administered, the individual will be infectious for 2 to 3 weeks and should be excluded for this period.

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Scarlet fever is caused by bacteria called group A streptococci. These bacteria also cause other respiratory and skin infections such as strep throat and impetigo.

In very rare occasions, the bacteria can get into the bloodstream and cause an illness called invasive Group A strep (iGAS). While still uncommon, there has been an increase in invasive Group A strep cases this year, particularly in children under 10. There were 2.3 cases per 100,000 children aged 1 to 4 compared to an average of 0.5 in the pre-pandemic seasons (2017 to 2019) and 1.1 cases per 100,000 children aged 5 to 9 compared to the pre-pandemic average of 0.3 (2017 to 2019) at the same time of the year.

So far this season there have been 5 recorded deaths within 7 days of an iGAS diagnosis in children under 10 in England. During the last high season for Group A Strep infection (2017 to 2018) there were 4 deaths in children under 10 in the equivalent period.

Investigations are also underway following reports of an increase in lower respiratory tract Group A strep infections in children over the past few weeks, which have caused severe illness.

Currently, there is no evidence that a new strain is circulating. The increase is most likely related to high amounts of circulating bacteria and social mixing.

Other illnesses: There are lots of viruses that cause sore throats, colds and coughs circulating. These should resolve without medical intervention. However, children can on occasion develop a bacterial infection on top of a virus and that can make them more unwell.

Symptoms and Responding to Cases: Symptoms of scarlet fever can be found on the NHS website [here](#). It could be useful to share these symptoms with families and reinforce that children should stay at home if they have a temperature or feeling unwell.

Contact NHS 111 or your GP if:

- 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 38°C, or is older than 3 months and has a your child is getting worse
- temperature of 39°C 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

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Good hand and respiratory hygiene are important for stopping the spread of many bugs. By teaching your child how to wash their hands properly with soap for 20 seconds, using a tissue to catch coughs and sneezes, and keeping away from others when feeling unwell, they will be able to reduce the risk of picking up or spreading infections.

Local Guidance and Support: If you have any queries or concerns about cases within your setting, please contact the Hull Public Health Team at health.protection@hullcc.gov.uk

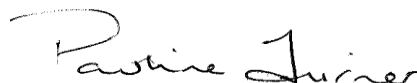
If you have a suspected outbreak (2 or more cases) of children, students or staff unwell, you should contact the UK Health Security Agency Health Protection Team on the following number:

- Telephone: 0113 386 0300
- Out of hours advice: 0151 909 1219

With best wishes



Julia Weldon
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Pauline Turner
Director of Children, Young People
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