

Health Protection Hub

Increase in scarlet fever and chickenpox incidence and outbreaks in England

Introduction

There has been an increase in the number of scarlet fever and chickenpox cases generally, but since the beginning of March 2022 these have also included outbreaks linked to nurseries and primary schools. Some of these have been where both infections were co-circulating.

Historical data from the UK estimated that around 65% of children are immune to chickenpox by age 5. However it is expected that as a result of the pandemic and reduced mixing, a larger proportion of children of Reception and Year 1 age remain susceptible to chickenpox infection.

Evidence suggests that chickenpox is the most common risk factor for invasive group A streptococcal (iGAS) disease in children, a complication that can arise where scarlet fever and chickenpox are co-circulating.

We are aware of one iGAS death this year in a child who had recently had chickenpox, linked to a nursery outbreak where both pathogens were co-circulating.

We would stress the importance of notifying outbreaks to the Health Protection Hub promptly: HealthProtectionHub@telford.gov.uk

Symptoms

The symptoms of **scarlet fever** are non-specific in early illness and may include sore throat, headache, fever, nausea and vomiting. After 12 to 48 hours the characteristic red, generalised pinhead rash develops, typically first appearing on the chest and stomach, rapidly spreading to other parts of the body, giving the skin a sandpaper-like texture. On more darkly-pigmented skin, the scarlet rash may be harder to spot, although the “sandpaper” feel should be present. Patients typically have flushed cheeks and pallor around the mouth. This may be accompanied by a ‘strawberry tongue’. During convalescence peeling of the skin may occur at the tips of fingers and toes and less often over wide areas of the trunk and limbs.

Chickenpox has a sudden onset with fever, runny nose, cough and a generalised rash. The spotty rash starts with fluid filled blisters which then scab over and eventually drop off. Some children have only a few spots, but other children can have spots that cover their entire body. In most children, the blisters crust up and fall off naturally within one to 2 weeks.

Control measures

Good respiratory hygiene should be encouraged (covering noses and mouths with disposable tissues when coughing or sneezing and discarding it after use).

Good hand hygiene should also be encouraged (after using the toilet and before eating as per usual but also after coughing, sneezing or assisting others with respiratory hygiene).

Encourage parents to seek medical review and antibiotic treatment

Individuals with scarlet fever should be excluded from school until they have been on a course of antibiotics for at least 24 hours. Individuals who do not take antibiotic treatment will be infectious for two to three weeks.

Avoid sharing contaminated eating utensils, cups and glasses, clothes, baths, bed linen or towels.

Avoid touching any open or weeping wounds (streptococcal skin infections such as impetigo are caused by the same bacteria as scarlet fever).

Ensure the Health Protection Hub are notified if there is an outbreak or if chicken pox is circulating in the school at the same time.

Draft letters for parents are available in Appendix 4 of the scarlet fever outbreak guidance linked to below that can be adapted for local use.

Guidance documents

Guidance on management of scarlet fever cases can be found here:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-public-health-management-of-specific-infectious-diseases#scarlet-fever>

Guidance on the management of chickenpox cases can be found here:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-3-public-health-management-of-specific-infectious-diseases#chickenpox-varicella-and-shingles>

Guidelines for the public health management of scarlet fever outbreaks in schools, nurseries and other childcare settings can be found here, with sample letters for parents in Appendix 4: <https://www.gov.uk/government/publications/scarlet-fever-managing-outbreaks-in-schools-and-nurseries>

Further information on scarlet fever: [Scarlet fever symptoms diagnosis and treatment \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

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