

## ***Scarlet Fever***

You may have heard the sobering news of a six-year old child dying after contracting a Group A Streptococcus (GAS) infection in an outbreak in a school in Surrey. The common childhood illness scarlet fever is caused by this bacteria and in the vast majority of cases is a mild illness, but can sometimes be more severe.

The risk of it becoming more severe is increased if the child is at a setting where either chickenpox or influenza is co-circulating.

### *Signs and symptoms of scarlet fever*

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 pallor around the mouth. This may be accompanied by a 'strawberry tongue'. As the child improves peeling of the skin can occur.

Single cases should be advised to seek advice from their GP. If you have an outbreak, please follow the advice below:

### *Recommended actions if you suspect an outbreak in your setting*

Please let the Health Protection Hub know at [HealthProtectionHub@telford.gov.uk](mailto:HealthProtectionHub@telford.gov.uk) or 01952 381800 if you suspect you have an outbreak – this is defined as a credible report of 2 or more probable or confirmed scarlet fever cases attending the same setting, notified within 10 days of each other, with a link between the cases - for example they are in the same class or year.

- Advise parent or carer to seek advice from their general practitioner.
- Exclude the affected individual until 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered, the individual will be infectious for 2 to 3 weeks and should be excluded for this period.
- Send out communications to parents (HPH will provide templates).
- Encourage children, young people and staff to implement good [hand hygiene](#) practices.
- Encourage staff, children and young people to implement good [respiratory hygiene](#) practices.
- Children and staff should be reminded that all scrapes or wounds, especially bites, should be thoroughly cleaned and covered.
- Maintain good ventilation in the setting.
- Carry-out enhanced and more frequent cleaning, to help reduce transmission - for example twice daily cleaning of areas (with particular attention to touch points such door handles, toilet flushes and taps) and communal areas where surfaces can easily become contaminated such as handrails, with hot, soapy water and an appropriate disinfectant. Milton is recommended, used in accordance with the instructions.
- Ensure eating utensils/plates/cups/glasses etc. are not shared and that they are washed and disinfected after use e.g. with Milton or put through a hot dishwasher cycle.
- Wash any laundry on a hot wash.
- Keep HPH updated, especially if/when you become aware of co-circulating chickenpox or influenza, if there is serious illness or other classes/year groups become affected.
- Carry-out a deep clean when the outbreak is over.