Dear Parent(s) / Carer(s),

**Re: Increase in scarlet fever**

We are writing to inform you of a recent increase in notifications of scarlet fever to the UK Health Security Agency (UKHSA), above seasonal expected levels.

We would like to take this opportunity to remind you of the signs, symptoms and the actions to be taken if you think that you or your child might have scarlet fever.

**Signs and symptoms of scarlet fever**

While case numbers are high, parents should be on the lookout for the symptoms of scarlet fever so that appropriate and timely treatment can be given.

[Scarlet fever](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nhs.uk%2Fconditions%2Fscarlet-fever%2F&data=05%7C01%7CLisa.Bullock%40ukhsa.gov.uk%7Cc6a1775049c44fa39d6008dadd11f88a%7Cee4e14994a354b2ead475f3cf9de8666%7C0%7C0%7C638065366488844405%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=a5sKYEPlbCLU1NY1MGIv2OrN%2FGlpetKMAR0hFVey7X4%3D&reserved=0) is usually a mild illness that clears up quickly after a course of antibiotics. It usually starts with a sore throat, headache, fever, nausea and vomiting, followed by a rash that feels like sandpaper to the touch.

The rash usually develops after 12 to 48 hours, typically on the chest and stomach first, then rapidly spreading to other parts of the body.

On white skin the rash looks pink or red. On brown and black skin it might be harder to see a change in colour, but you can still feel the sandpaper-like texture of the rash and see the raised bumps. Patients typically have flushed cheeks and can be pale around the mouth. This may be accompanied by a bright red ‘strawberry’ tongue.

Despite the increase we are seeing in scarlet fever and other Group A Strep infections, the risk of the bacteria causing a more serious infection remains very low. But as a parent, if you feel that your child seems seriously unwell, you should trust your own judgement. If you think you, or your child, might have scarlet fever:

* **contact your GP or NHS 111 as soon as possible, because early treatment of scarlet fever with antibiotics is important to reduce the risk of a more serious infection**
* make sure that you or your child take(s) 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 nursery, school or work for at least 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.

**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

**Stop the spread**

During periods of high incidence of scarlet fever, there may also be an increase in outbreaks in schools, nurseries and other childcare settings. Children and adults with suspected scarlet fever should stay off nursery / school / work until **24 hours** after the start of appropriate antibiotic treatment. Good hygiene practice such as hand washing remains the most important step in preventing and controlling spread of infection.

Thank you for your time

**Resources**

[NHS – Scarlet Fever](https://www.nhs.uk/conditions/scarlet-fever/)

[Scarlet fever: symptoms, diagnosis and treatment](https://www.gov.uk/government/publications/scarlet-fever-symptoms-diagnosis-treatment)

[Health protection in children and youngpeople settings](https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/managing-specific-infectious-diseases-a-to-z), including education

[Hand hygiene resources for schools](http://www.e-bug.eu/)