

Ealing Council  
Perceval House  
14-16 Uxbridge Road  
London W5 2HL

**Tel** 020 8825 5000

5 December 2022

Dear Headteacher,

**Re: Scarlet Fever and Invasive Group A Strep**

On 2<sup>nd</sup> December 2022, UK Health Security Agency (UK HSA) put out an alert on the national rise in cases of scarlet fever (caused by Group A Streptococcus) and Invasive Group A Streptococcus. This is across all regions in England, including London.

We have been working with UK HSA over the past week, following the tragic death from Invasive Group A Streptococcus in a child attending St John's primary school. Our sincere thoughts are with the family and school community during this time.

Following the UK HSA alert on Friday, we recommend that schools forward on the letter from Ealing Public Health to inform parent/carers of the signs and symptoms of scarlet fever and to seek healthcare advice if they feel their child is unwell or deteriorating.

Appendix A provides the text in public health parent letter.

Appendix B provides some further information about scarlet fever and invasive Group A Strep.

**Summary: actions for schools**

- Schools should send out Ealing public health letter to parents to remind when to stay off when unwell.
- Follow the [UK HSA guidance for managing infectious disease in schools](#). This includes advice on specific conditions such as [scarlet fever](#) where children should stay off school until GP/clinical assessment and not return for 24 hours after commencing antibiotics.

- Re-emphasise focus on good hygiene practice during these winter months, where there are many co-circulating bacteria and viruses. Measures including hand washing remains important in preventing and controlling spread of infection. Please see general [infection prevention and control advice](#) and [curriculum resources](#).
- Promptly notify the local UK HSA health protection team if:
  - there is a suspected 'outbreak' of Group A Strep/scarlet fever in the school. An 'outbreak' is defined as 2 or more linked cases (e.g. in the same class) within 10 days. Also notify if other 'outbreaks' including chickenpox
  - evidence of severe disease due to respiratory infection, for example if a pupil, student, child or staff member is admitted to hospital
- Your local health protection team is North West London HPT who can be contacted on [phe.nwl@nhs.net](mailto:phe.nwl@nhs.net) or 020 3326 1658 (out of hours 01895-238 282)
- Contact Schools health and safety, Raj Chowdhury ([ChowdhuryR@ealing.gov.uk](mailto:ChowdhuryR@ealing.gov.uk)) and/or the local public health team ([publichealth@ealing.gov.uk](mailto:publichealth@ealing.gov.uk)) if you have any further queries.

We are expecting further communications via DFE around this too.

Kind regards,



Anna Bryden  
Director of Public Health

## **Appendix A: Text in parent letter**

As this is the first winter without pandemic restrictions in two years, you and your children may be more susceptible to the usual winter bugs and viruses this year. Winter bugs and viruses are usually mild, but can sometimes become more serious. More information about when to keep your child away from school and nursery is available here: [Is my child too ill for school?](#)

You may have seen the news recently about the **Group A strep** bacteria. This is a common bacteria found in the throat that can cause a range of illnesses, including tonsillitis, scarlet fever and some skin infections.

### **Scarlet fever**

[Scarlet fever](#) is usually a mild illness, but it is highly infectious.

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

### **When to seek help**

As a parent, if you feel that your child seems seriously unwell, 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 38°C, or is older than 3 months and has a 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

## **Appendix B: Background information about Group A Strep, scarlet fever and invasive Group A Streptococcus**

### **Group A Streptococcus**

Group A Streptococcus (GAS) is a bacteria that commonly lives on our throat and skin. infections, including:

- tonsillitis
- scarlet fever
- skin infections such as impetigo and cellulitis

GAS is spread by close contact between individuals, through:

- respiratory droplets
- direct skin contact

It can also be transmitted environmentally, through:

- contact with contaminated objects, such as towels, bedding or food

### **Scarlet fever**

Scarlet fever is a clinical presentation of Group A Strep. Scarlet fever is a notifiable disease, diagnosed by its common signs and symptoms, including fever, sore throat and classic 'sandpaper' rash. It requires prompt treatment with antibiotics and exclusion from school/nursery for 24 hours from commencing antibiotics.

### **Invasive Group A Strep**

GAS can occasionally cause infections that are extremely severe. Invasive GAS (IGAS) is an infection where the bacteria is isolated from a normally sterile body site, such as the blood, causing complications such as septicaemia, pneumonia and necrotising fasciitis.

### **Rates of GAS infection**

Following a reduction in scarlet fever cases over the past century, rates have been increasing since the mid 2010s (with lower rates over the covid pandemic period).

Notifications and GP consultations of scarlet fever in England are higher than normal for this point in the season, after remaining elevated later in the previous season than expected. Notifications of 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.