

Scarlet fever and invasive Strep A disease

See below some guidance on Scarlet fever and Invasive Strep A

Scarlet fever

Scarlet fever is a common childhood infection, usually mild but highly infectious. It is caused by a bacteria called group A streptococcus (GAS) which also causes sore throat and impetigo. The early symptoms of scarlet fever include sore throat, headache, fever, nausea and vomiting, followed by a fine, pinkish or red body rash with a sandpapery feel. The rash may be harder to spot on darker skin, but the sandpapery feel will usually be present. Other common symptoms are flushed cheeks, pallor around the mouth and a 'strawberry-like' tongue.

Parents should contact NHS 111 or their GP if they suspect a child has scarlet fever, because early treatment of scarlet fever with antibiotics reduces the risk of complications such as pneumonia or a bloodstream infection. Children with scarlet fever should stay at home until at least 24 hours after the start of antibiotic treatment to avoid spreading the infection to others. They can return to school/nursery after 24h of antibiotic use if they do not have a fever anymore.

Invasive group A Strep infection

In very rare occasions, the bacteria can get into the bloodstream and cause an illness called invasive Group A strep (iGAS). The initial signs of iGAS are the same of other severe infectious diseases. As a parent or teacher, if you feel that a child seems seriously unwell, you should trust your own judgement. Here is some general advice for parents:

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 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

Infection prevention and control

During periods of high incidence of scarlet fever there may also be an increase in outbreaks in schools, nurseries and other childcare settings. Good hand and respiratory hygiene (washing hands for 20 seconds, using a tissue to catch coughs and sneezes) remain the most important steps in preventing and controlling spread of infection. No routine contact tracing or further isolation are usually required.

For additional information on scarlet fever symptoms and treatment see this:

- <https://www.gov.uk/government/publications/scarlet-fever-symptoms-diagnosis-treatment/scarlet-fever-factsheet>