

SCARLET FEVER BRIEFING FOR SCHOOLS

JANUARY 2016

Recommendations for Schools

- Inclusion of briefing in schools newsletter
- Circulation of PHE Scarlet Fever FAQ sheet to all schools
www.gov.uk/government/uploads/system/uploads/attachment_data/file/338368/Scarlet_fever_Q_and_A_factsheet.pdf
- Single cases should be notified by the GP so that they can be followed up with public health action but if a **school is experiencing a higher than expected number of cases they should notify Thames Valley Health Protection Team** (0344 229 3861) rather than the Local Authority Public Health Team.
- Enforcing the 24 hours exclusion for children once they have started appropriate antibiotic treatment is important.

Key points

Early indications for 2015 to 2016 suggest we may be entering a third season of high numbers of scarlet fever infections (PHE 18th Dec 2015)

- Following the significant increase in scarlet fever cases over the last 2 years, early indications for 2015 to 2016 suggest we may be entering a third season of high numbers of infections. So far this season, 2155 scarlet fever reports have been made across England since the second week of September (weeks 37 to 50 of 2015).
- Around 250 cases of scarlet fever are currently being notified each week across England, remaining similar to last year but higher than previous years. Levels of scarlet fever are typically low during the autumn and early winter, increasing over the next few months and reaching highest levels in March and April
- Symptoms of scarlet fever include a sore throat, headache and fever with a sandpapery, fine, pink rash developing within 1 to 2 days of first symptoms. If you or a child develops any of these symptoms you should contact the patients GP.
- Children can return to school 24hours after starting appropriate antibiotic treatment as stated by [Infection control in schools & nurseries](#).
- Scarlet fever is mainly a childhood disease, most common between the ages of 2 and 8 years, although children and adults of all ages can develop it. Schools, nurseries and childcare settings can play an important role in controlling the spread of infections by embedding [good hand hygiene practice](#) within daily routines for both pupils and staff

Scarlet fever is an infectious disease caused by Group A Streptococcus which can live without causing any issues on the skin and in the throat. In certain circumstances this bacteria can cause disease such as scarlet fever. It is mainly a childhood disease with around 90% of cases occurring in children under 10 years. It is most common in 2 – 8 year old age bracket with 4 year olds most likely to develop the illness. Scarlet fever can occur as an outbreak within a nursery or school.

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 occurs at the tips of fingers and toes and less often over wide areas of the trunk and limbs.

Although scarlet fever is usually a mild illness, patients can develop complications such as an ear infection, throat abscess (quinsy), pneumonia, sinusitis or meningitis in the early stages and acute glomerulonephritis and acute rheumatic fever at a later stage. Prompt treatment with appropriate antibiotics significantly reduces the risk of complications developing. Patients, or their parents/guardians, should be advised to keep an eye out for any symptoms which might suggest these complications and to seek medical help immediately if concerned.

Transmission / Prevention

Scarlet fever is highly contagious and is spread via the mucus and saliva of those infected. It can also be caught from using drinking glasses, plates or utensils some who is infected has used. The best way to protect yourself from the disease is:-

- Washing hands frequently
- Not sharing utensils
- Wash or disposed of handkerchiefs and tissues contaminated by an infected person
- Be aware that you can catch scarlet fever by inhaling airborne droplets if someone with the illness coughs or sneezes in the air near you.

Treatment

Most mild cases will clear on their own but it is advisable to see the GP for anyone showing symptoms. Having treatment will reduce the recovery time and the risk of complications. Treatment is usually a ten day course of antibiotics. A child can

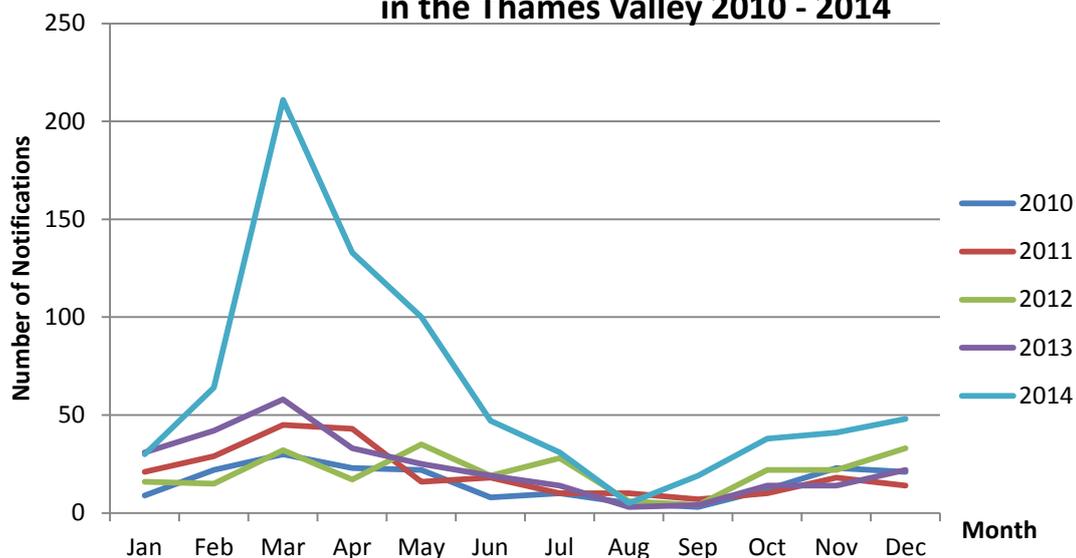
return to school 24hours after commencing appropriate antibiotics. If not treated with antibiotics a person can stay infectious for 2 – 3 weeks after symptoms appear.

Incidence

The incidence of streptococcus related ill health has increased over the past five years with notifications of scarlet fever having tripled in the Thames Valley since 2010. Scarlet fever is a seasonal infection with higher incidence in the winter months with a peak in March (figure 1) with the higher rate seen in children under 15years.

The number of notifications of scarlet fever has increased since 2010 within Wokingham with a similar patten seen across Berkshire and Thames Valley (Figure 2). This increased rate is mainly attributable to increase in the number of children but also the effect of increased awareness increasing the notification rate (figure 3).

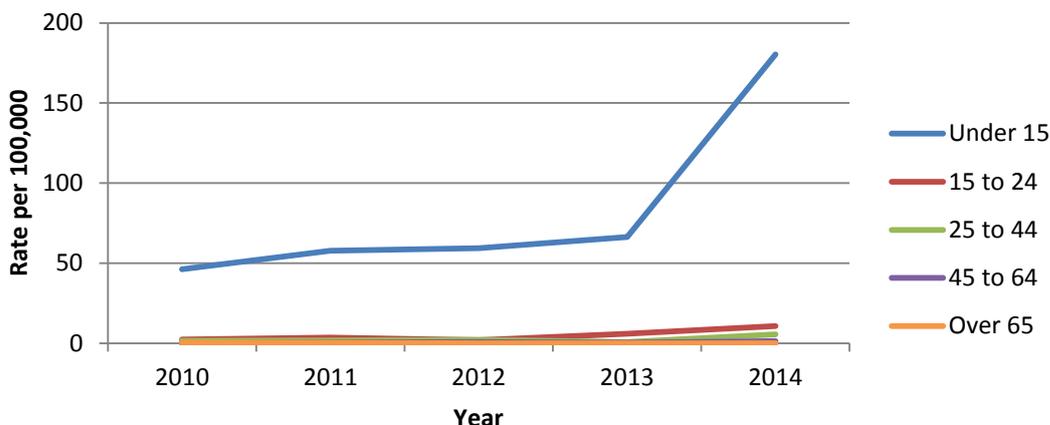
Figure 1: Number of notifications of scarlet fever by month in the Thames Valley 2010 - 2014



Source: NOIDS database, TVPHEC

Figure 2: Number of notifications of scarlet fever 2010 - 2014					
Area	2010	2011	2012	2013	2014
Wokingham	6	28	24	16	47
Berkshire	75	117	93	118	302
Thames Valley	188	241	249	279	767
Source: NOIDS Database, TVPHEC					

Figure 3: Rate per 100,000 population of scarlet fever cases by age group, Thames Valley 2010 - 2014



Source: NOIDS database, TVPHEC

Handwashing is one of the most important ways of controlling the spread of infections, especially those that cause diarrhoea and vomiting, and respiratory disease. The recommended method is the use of liquid soap, warm water and paper towels. Always wash hands after using the toilet, before eating or handling food, and after handling animals. Cover all cuts and abrasions with waterproof dressings. Good hand hygiene should be incorporated into daily routines for staff and pupils with lessons plans for [Junior Schools](#) and [Senior Schools](#).

Useful Links

Infection control in schools – Public Health England

www.gov.uk/government/publications/infection-control-in-schools-poster

Scarlet Fever Guidance and Data - Public Health England

www.gov.uk/government/collections/scarlet-fever-guidance-and-data

Scarlet Fever – Beginning of a new season 15th December 2015

www.gov.uk/government/news/scarlet-fever-beginning-of-a-new-season

Hand hygiene lesson plan

www.e-bug.eu/special/ghd.html

NHS Choices page

www.nhs.uk/conditions/Scarlet-fever/Pages/Introduction.aspx

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