

## Scarlet Fever Briefing – April 2018

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- Circulation:** LA Consultants in Public Health, LA Education leads, LA Directors of Children's Services, Children's Trusts, Health Visiting and School Nursing providers, Primary School Head-Teachers, Nursery managers, LA Elected members, LA Chief Executives, LA Directors of Adult Social Care, Health & Wellbeing Board Chairs
- Purpose of Report:**
- To provide information on scarlet fever and its current national and local impact
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### 1) Background

A wide variety of bacteria and viruses can cause tonsillitis and other throat infections. Most are caused by viruses but streptococci bacteria account for 25 to 30% of cases. Certain strains of streptococcus bacteria produce a toxin which causes scarlet fever (sometimes called scarletina) in susceptible people and is most common in children aged between 2 and 8 years, 90% of all cases are in children under 10. Occasionally outbreaks of scarlet fever occur in nurseries and schools. It is most common during the late winter and early spring.

It is highly contagious infection and bacteria are spread though inhaling or ingesting tiny droplets or by direct contact with nose and throat discharges, especially during sneezing and coughing. It was once a dangerous disease but is easily treatable with antibiotics and so has become less common and less serious; however between 2000 and 4000 cases are still diagnosed each year in England. Scarlet fever is now usually a mild illness but is rarely complicated by ear infections, rheumatic fever which affects the heart, and kidney problems. In very rare cases the Streptococcus bacteria that cause scarlet fever can cause more a more serious invasive infection known as iGAS (invasive group A Streptococcal infection). Evidence suggests that chickenpox is the most common risk factor for iGAS disease in children<sup>1</sup>.

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<sup>1</sup> [Guidelines for the public health management of scarlet fever outbreaks](#), PHE 2017

## 2) Symptoms

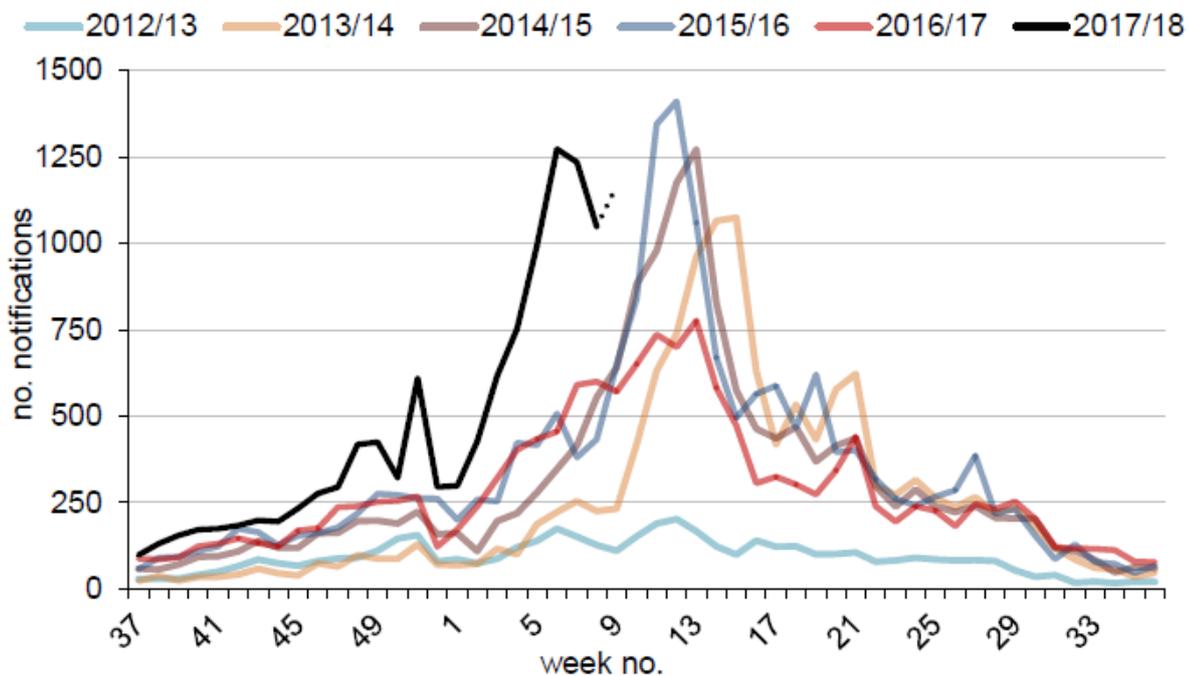
A rash develops on the first day of fever, it is red, generalised, pinhead in size and gives the skin a sandpaper-like texture and the tongue has a strawberry-like appearance. The fever lasts 24 to 48 hours. The tonsils may be deep red in colour and partially covered with a thick yellowish exudate. The illness symptoms vary but in severe cases there may be high fever, difficulty in swallowing and tender enlarged lymph nodes.

## 3) National picture

As of 9 March 2018, 11,982 cases of scarlet fever have been reported nationally since mid-September 2017, compared to an average of 4,480 for the same period over the last 5 years<sup>2</sup>.

This increasing trend is in line with usual patterns although cases are currently higher than those reported at this point in the last 4 seasons (Figure 1). It is not possible at this point to determine what the final numbers will be for this season. Scarlet fever is a clinical diagnosis and not usually confirmed by laboratory testing so the increased activity being observed could be due to increased awareness and reporting of scarlet fever, although the exact cause is still being investigated.

**Figure 1: Weekly Scarlet fever notifications in England**



Source: [National Health Protection Report](#) ( PHE, 9 March 2018)

<sup>2</sup> [National Health Protection Report](#) ( PHE, 9 March 2018)

#### 4) Local impact

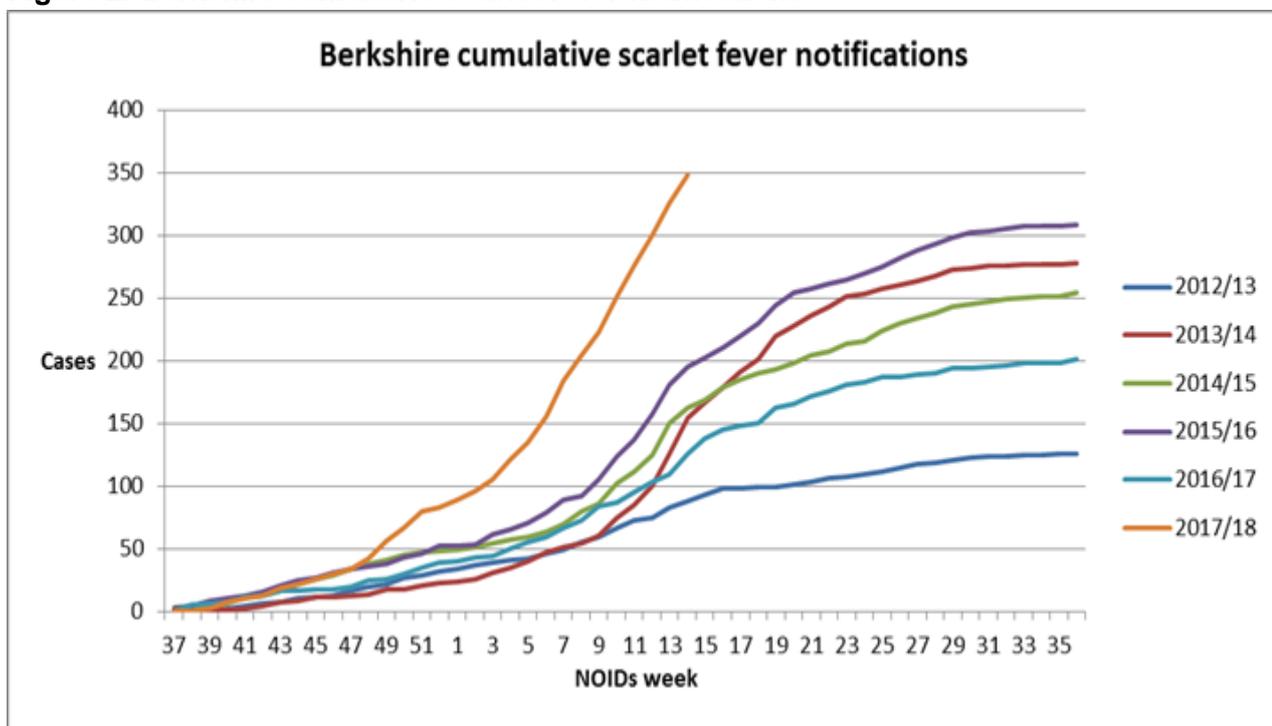
Since mid- September 2018 to 8<sup>th</sup> April (week 37 2017 to week 14 2018 inclusive) 348 cases of scarlet fever have been notified to the local PHE Health Protection Team (HPT) among Berkshire residents, compared to an average of 145 for the same period over the last 5 years (Figure 2). A breakdown of notifications by LA is shown in Table 1. In 2017-18 there were 27 outbreaks recorded an increase on 4 notified in 2016-17. Although some of this increase is likely to be due to higher circulating levels of scarlet fever, increased awareness and reporting of cases as described above, together with increased reporting of outbreaks by schools and nurseries are likely to contribute.

**Table 1: Scarlet fever notifications to Thames Valley Health protection team**

LA	Notifications (week 37 2017 to week 14 2018 inclusive)
Bracknell Forest	58
Reading	79
Slough	31
West Berkshire	55
Windsor and Maidenhead	58
Wokingham	67

**Source:** Thames Valley NOIDs database, 9th April 2018

**Figure 2: Berkshire cumulative scarlet fever notifications**



**Source:** Thames Valley NOIDs database, 9th April 2018

## 5) Advice for parents

Parents should look out for scarlet fever symptoms, which include a sore throat, headache and fever with a characteristic fine, pinkish or red rash with a sandpapery feel. If signs of scarlet fever are suspected, it is important to contact your local GP or NHS 111. Early treatment with antibiotics is important and can help reduce the risk of complications such as pneumonia and the spread of the infection. Children or adults diagnosed with scarlet fever are advised to stay at home until at least 24 hours after the start of antibiotic treatment to avoid spreading the infection to others.

## 6) Advice for schools and nurseries

In line with advice for other infectious diseases, head teachers and managers should contact the Thames Valley HPT on [0344 225 3861 option 4 then option 1](tel:03442253861) as soon as they suspect an outbreak to discuss the situation and agree if any actions are needed. If there is an outbreak of scarlet fever at the school or nursery, the HPT will assist with letters and factsheet to send to parents / carers and staff.

It is helpful to have the following information on hand to discuss with the HPT

- total numbers affected (staff and children)
- ages affected
- symptoms
- date(s) when symptoms started
- number of classes affected
- any cases of chicken pox or flu circulating at the same time

An outbreak is defined as incident in which two or more people experiencing a similar illness are linked in time or place OR a greater than expected rate of infection compared with the usual background rate for the place and time.

Schools should;

- Ensure that particular attention is paid to hand washing at all times
- Send the child home from school if unwell
- Advise parents to take the child to their GP

**Exclusion** - Children who have been diagnosed with scarlet fever can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will continue to be infectious for 2 to 3 weeks.

The Public Health England online resource [Health protection in schools and other childcare facilities](#) is a useful practical online guide for staff on managing cases and outbreaks of infectious diseases in schools and other childcare settings and covers a wide range of the most common infections.