

Dear colleagues,

Re: Increase in scarlet fever and chicken pox

We are writing to inform you of a recent national increase in notifications of scarlet fever from UK Health Security Agency (UKHSA). This is in line with the seasonal expected levels which had previously dropped during the pandemic, reflecting the impact of control measures to curb the transmission of COVID-19. We have seen concurrent increases in chickenpox. It is suspected that because of reduced mixing during the COVID-19 pandemic a larger proportion of children of reception and school year 1 age remain susceptible to chickenpox.

There has been an increase in the number of scarlet fever and chickenpox outbreaks linked to nurseries and primary schools reported to UKHSA Health Protection Teams since the beginning of March 2022, including some where both infections are co-circulating. Evidence suggests that chickenpox is the most common risk factor for invasive group A streptococcal (iGAS) disease in children.

We would like to take this opportunity to remind you of the signs and symptoms of scarlet fever and the actions to be taken if you become aware of an outbreak at your school or nursery.

Signs and symptoms of scarlet fever

Scarlet fever is a common childhood infection caused by *Streptococcus pyogenes*, or group A streptococcus (GAS). The early symptoms of scarlet fever include sore throat, headache, fever, nausea, and vomiting. After 12 to 48 hours the characteristic red, pinhead rash develops, typically first appearing on the chest and stomach, then rapidly spreading to other parts of the body, and giving the skin a sandpaper-like texture. The scarlet rash may be harder to spot on darker skin, 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'. As the child improves peeling of the skin can occur.

Infection control advice

In schools and nurseries, it is recognised that infections can be spread through direct physical contact between children and staff and through shared contact with surfaces such as table tops, taps, toys and handles. During periods of high incidence of scarlet fever there may also be an increase in outbreaks in schools, nurseries and other childcare settings.

As per national Guidance on Infection Control in Schools and other Child Care Settings, children and adults with suspected scarlet fever should be excluded from nursery, school, or work for 24 hours after the commencement of appropriate antibiotic treatment. Good hygiene practice such as hand washing remains the most important step in preventing and controlling spread of infection.

Recommended actions if you suspect an outbreak at your school or nursery

Contact your Health Protection Team on 0344 225 3861 for advice.

Your Health Protection Team will provide you with a letter and Frequently Asked Questions to cascade to staff and parents if appropriate.

Although scarlet fever is usually a mild illness, patients can develop complications. Complications are more common if the child has had flu or chickenpox recently. If you have any concerns, please contact your local Health Protection Team for advice.

Yours sincerely,

Resources

1. Scarlet fever FAQ: [Scarlet fever: symptoms, diagnosis and treatment - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
2. Guidance on infection control in schools and other childcare settings::
<https://www.gov.uk/government/publications/infection-control-in-schools-poster>
3. Hand hygiene resources for schools: <http://www.e-bug.eu>