

Re: Increase in group A streptococcal infections (including scarlet fever)

This year we have seen higher than usual numbers of **group A streptococcal (GAS)** infections in Scotland and persistently high numbers of cases of **scarlet fever** (a common presentation of this infection) among children. Robust information related to this infection including, signs, symptoms and action to consider may be helpful.

Signs and symptoms of scarlet fever

Scarlet fever is a common infection in children caused by *Streptococcus pyogenes*, or group A *Streptococcus* (GAS). Scarlet fever can cause the following symptoms: a sore throat, headache, fever, nausea and vomiting. After 12 to 48 hours this is followed by a fine red rash with small, raised bumps which typically first appears on the chest and tummy, rapidly spreading to other parts of the body, and making the skin feel rough, like sandpaper. On more darkly-pigmented skin, the scarlet rash may be harder to spot, but it should still feel like sandpaper. The face can be flushed red but pale around the mouth. This may be accompanied by a 'strawberry tongue' (red, swollen and covered in little bumps). As the child improves peeling of the skin can occur.

Trusted health advice on scarlet fever can be found on [NHS Inform](#). Children with suspected scarlet fever should be reviewed by a health professional, please call your GP practice or NHS 111 if you suspect that your child has scarlet fever.

Preventing further transmission

Infections can be spread by respiratory droplets, through direct physical contact and through shared contact with surfaces such as table tops, taps, toys and handles.

Good hygiene practice such as hand washing remains the most important step in preventing and controlling the spread of infection. Please encourage your child / children to wash their hands at the start of the school day, after using the toilet, after play, before and after eating, and at the end of the school day.

Liquid soap should be used with water and hands should be dried afterwards.

Children and adults should cover their mouth and nose with a tissue when they cough or sneeze and then wash their hands with soap and water after using or disposing of tissues.

Exclusion of adults and children with scarlet fever

Children and adults with suspected scarlet fever should be excluded from nursery, school or work until **24** hours after the commencement of appropriate antibiotic treatment. Please inform your school or nursery if your child is being treated for suspected or confirmed scarlet fever.

Social and / or family contacts of cases **DO NOT** require to be excluded from school, work or nursery unless they too have suspected scarlet fever with symptoms.

Complications

Children who have had **chickenpox** recently are more likely to develop a more serious infection during an outbreak of scarlet fever and so parents should remain vigilant for symptoms such as a persistent high fever, cellulitis (skin infection), severe pain and or swelling in joints or muscles, unexplained diarrhoea or vomiting, swelling or redness at the site of a wound or feeding or eating less than normal. If you think that your child is severely unwell, or are concerned please seek medical assistance immediately.

Scarlet fever in schools

During periods when reports of GAS infection are high, it is likely that more outbreaks or clusters of scarlet fever will be identified in schools, nurseries and other childcare settings. In these circumstances, parents and carers will receive further information and advice.