



People Directorate

Public Health Department

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Dear Colleague,

You may have heard on the news that the UK is seeing higher rates of scarlet fever than would be expected for this time of year. Scarlet fever is a common childhood illness and is usually a mild illness, however it is highly infectious. We usually see an increase of cases of scarlet fever in the spring, however this winter we are seeing more cases than usual. There are more infections circulating in the winter, such as flu and other viruses, which can lead to additional complications.

There are actions nurseries and schools can take to help reduce spread of infection; please ensure you share all this information with all your staff.

Please stay vigilant for the signs and symptoms of scarlet fever, particularly in a class that has had a confirmed case. The early symptoms of scarlet fever include:

- A fine, pinkish or red body rash with a sandpapery feel. On darker skin the rash can be more difficult to visually detect, but will have the same sandpapery/bumpy feel, the onset of the rash can take 24-48 hours after other symptoms.
- Sore throat
- Headache
- Fever
- Nausea and vomiting
- Patients typically have flushed cheeks and pallor around the mouth
- This may be accompanied by a 'strawberry tongue'.

Invasive Group A Strep

Scarlet fever is caused by a bacteria called Group A Streptococci (GAS). Very occasionally the bacteria can cause an illness called invasive Group A Streptococci (iGAS), which can lead to

more serious illness. Whilst still very uncommon, there has been an increase in invasive Group A Streptococci cases this year, particularly in children under 10.

If you notice a rapid deterioration in a child's health, please seek urgent medical attention.

Actions to take

Infection control advice

- In nurseries and schools, it is recognised that infections can be spread through direct physical contact between children and staff and through shared contact with surfaces such as tabletops, taps, toys and handles. Therefore, it is essential to maintain an ongoing emphasis on routine environmental cleaning, ensuring high touch point areas are cleaned frequently
- A deep clean should occur following an outbreak of infection; Salford Health Protection team can advise you on this, call 0800 952 1000 and press option 1.
- Items that are more difficult to clean, such as soft toys/play mats should be washed regularly in a washing machine. If you have high levels of infection circulating in your setting it is advisable to temporarily reduce the number of soft play toys as they are difficult to clean effectively
- For settings that have areas where children nap, blankets and bedding must be named and only used by the named child during its period of use
- In normal circumstances malleable play, such as play doh, sand and water play should be disposed of and replaced daily; however, during an outbreak of any infection, these should be disposed of and not re-introduced until the outbreak is over (Salford HP team can advise on outbreak management)
- Hand washing remains the most important step in preventing such infections. Good hand hygiene should be enforced for all pupils and staff and a programme should be put into place that encourages 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. It is important that hands are washed correctly. Liquid soap via a soap dispenser should be made available and there should be a plentiful supply of paper towels. The following link is really useful for lesson plans with regards to hand hygiene; <http://www.e-bug.eu/>
- Children and adults should be encouraged to cover their mouth and nose with a tissue when they cough and sneeze and to wash hands after sneezing and after using or disposing of tissues. Spitting should be discouraged
- These measures, alongside improved ventilation where possible, are particularly important at the moment as a number of respiratory viruses are also circulating
- Ensure any cuts or scrapes are thoroughly cleaned and covered with waterproof dressings to help prevent invasive infection
- Children and adults with suspected scarlet fever should not attend nursery / school / work until at least 24 hours after starting appropriate antibiotic treatment for scarlet fever and also feeling well enough to return. Ensuring staff and children who are unwell remain away from the setting will help reduce transmission of most infections within your setting
- Whilst scarlet fever is circulating it is especially important that any children and adults with chickenpox do stay off nursery or school until all their blisters have dried over, which

is at least 5 days after they first appeared. We have attached a letter for parents about common childhood illnesses and the exclusion periods

- When parents contact school to advise their child is off 'sick' please ask what their symptoms are so that you can advise the correct exclusion period (E.g. diarrhoea and vomiting is 48 hours after the last episode of sickness and/or diarrhoea). We have attached our infectious disease advice poster for reference and support
- If you suspect an outbreak of scarlet fever at your nursery or school (i.e. two or more linked cases, for example in the same class or year group), please complete the attached minimum dataset and email it your local UK Health Security Agency (UKHSA) (email addresses are within the minimum dataset form) and UKHSA will contact you
- In addition to the above please continue to liaise with your Local Authority Health Protection Team, if you have queries regarding infection control advice that are specific to a confirmed case, call 0800 952 1000 and press option 1
- If you have any cases of chickenpox or flu whilst scarlet fever is still present in the same class or year group, please notify the UK Health Security Agency (UKHSA) on 0344 225 0562

Advice for pregnant staff

There's no evidence to suggest that getting scarlet fever during pregnancy will harm your baby. But it can make you feel unwell, so it's best to avoid close contact with anyone who has it. Contact a GP if you get symptoms. Many of the antibiotics used for scarlet fever are considered to be safe to take during pregnancy.

Advice for siblings of a confirmed case

Siblings of a confirmed case of scarlet fever can continue to attend their school or childcare setting so long as they remain well and free of symptoms. If they go on to develop symptoms whilst at school/nursery, they should be sent home to seek medical advice from their GP.

Further guidance

More information about scarlet fever can be found here:

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

<https://www.nhs.uk/conditions/scarlet-fever/>

<https://www.gov.uk/government/collections/group-a-streptococcal-infections-guidance-and-data>

Guidance on exclusion for a range of infectious diseases can be found at:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Specific guidance for under 5s for this winter can be found at:

<https://ukhsa.blog.gov.uk/2022/10/25/5-ways-to-protect-your-under-5s-this-winter/>

Yours sincerely

A handwritten signature in black ink, appearing to read "G. McLauchlan". The signature is fluid and cursive, with a prominent initial "G" and a long, sweeping underline.

Gillian McLauchlan

Deputy Director of Public Health