

Director of Public Health

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Dear Parent,

Increase in Scarlet Fever and Group A Streptococcus (GAS) cases

I am writing to update you of a recent national increase in notifications of scarlet fever to the UK Health Security Agency (UKHSA), which is above expected levels for the time of year. I have also previously written to all schools and early years settings across Hertfordshire regarding this matter and will be writing again with advice and guidance.

I would like to take this opportunity to remind you of the signs and symptoms of scarlet fever. Scarlet fever is usually a mild illness, but it is highly infectious. Therefore, look out for symptoms in your child, which include

- a sore throat, headache, and fever, along with
- a fine, pinkish or red body rash with a sandpapery feel which is rough to the touch
- On darker skin, the rash can be more difficult to detect visually but will still have a rough, sandpapery feel.

Please Contact NHS 111 or your GP if you suspect your child has scarlet fever, because early treatment of scarlet fever with antibiotics is important to reduce the risk of complications such as pneumonia or a bloodstream infection. If your child has scarlet fever, keep them at home until at least 24 hours after the start of antibiotic treatment to avoid spreading the infection to others.

Scarlet fever is caused by bacteria called group A streptococci. These bacteria also cause other respiratory and skin infections such as strep throat and impetigo.

In very rare occasions, the bacteria can get into the bloodstream and cause an illness called invasive Group A strep (iGAS). While still uncommon, there has been an increase in invasive Group A strep cases this year, particularly in children under 10 and you will have seen the recent media reports of some tragic deaths as a result of iGAS. Sadly, Deaths do occur each year due to iGAS however this year has seen a slight increase which could be related to the increase in scarlet fever cases.

Currently, there is no evidence that a new strain is circulating. The increase is most likely related to high amounts of circulating bacteria and social mixing.

There are lots of viruses that cause sore throats, colds and coughs circulating. These should resolve without medical intervention. However, children can on occasion develop a bacterial infection on top of a virus and that can make them more unwell.

As a parent, if you feel that your child seems seriously unwell, you should trust your own judgement. Contact NHS 111 or your GP if:

- your child is getting worse
- your child is feeding or eating much less than normal
- your child has had a dry nappy for 12 hours or more or shows other signs of dehydration
- your baby is under 3 months and has a temperature of 38°C, or is older than 3 months and has a temperature of 39°C or higher
- your baby feels hotter than usual when you touch their back or chest, or feels sweaty
- your child is very tired or irritable

Call 999 or go to A&E if:

- your child is having difficulty breathing – you may notice grunting noises or their tummy sucking under their ribs
- there are pauses when your child breathes
- your child's skin, tongue or lips are blue
- your child is floppy and will not wake up or stay awake

Good hand and respiratory hygiene (cough and sneeze into tissues and washing your hands regularly) are important for stopping the spread of many bugs. By teaching your child how to wash their hands properly with soap for 20 seconds, using a tissue to catch coughs and sneezes, and keeping away from others when feeling unwell, they will be able to reduce the risk of picking up or spreading infections.

We wrote to Schools and early years settings such as nurseries in September to advise them of Scarlet Fever and GAS, and advise on actions to take. I am writing to them again today with further information and advice.

Yours sincerely



Jim McManus
Director of Public Health