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05 September 2022

Dear colleagues,

# Re: increase in scarlet fever and invasive group A streptococcus above seasonally expected levels

We are writing to inform you of a national increase in notifications of scarlet fever and invasive group A streptococcus (iGAS) to the UK Health Security Agency (UKHSA), above seasonally expected levels. Scarlet fever and iGAS are notifiable diseases, and we would like to take this opportunity to remind practitioners of the signs and symptoms and the actions to be taken if scarlet fever or other group A streptococcus (GAS) presentations are suspected.

**Signs and symptoms of scarlet fever**

Scarlet fever is a common childhood infection caused by Streptococcus pyogenes. The symptoms are non-specific in early illness and may include sore throat, headache, fever, nausea and vomiting. After 12 to 48 hours the characteristic red, generalised pinhead rash develops, typically first appearing on the chest and stomach, rapidly spreading to other parts of the body, giving the skin a sandpaper-like texture. On more darkly-pigmented skin, the scarlet rash may be harder to spot, 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’. During convalescence desquamation of the skin occurs at the tips of fingers and toes, less often over wide areas of the trunk and limbs.

The differential diagnosis will include measles, glandular fever and slapped cheek infections.

**Complications of scarlet fever**

Although scarlet fever is usually a mild illness, patients can develop complications such as an ear infection, throat abscess, pneumonia, sinusitis or meningitis in the early stages and acute glomerulonephritis and acute rheumatic fever at a later stage. Patients, or their parents, should keep an eye out for any symptoms which might suggest these complications and if concerned advised to seek medical help immediately.

**Recommended actions if scarlet fever or other GAS presentations are suspected**

* prescribe an appropriate treatment course of antibiotics promptly (this should not await the results of any swabs taken) to reduce risk of complications and onward transmission
* advise exclusion from nursery / school / work for at least 24 hours after the commencement of appropriate antibiotic treatment
* Notify your Health Protection Team of cases of scarlet fever or iGAS, including information on the school/nursery attended if relevant
* consider taking a throat swab to assist with differential diagnosis, for example to differentiate scarlet fever from measles or rubella, or if the patient is:
  + thought to be part of an outbreak
  + allergic to penicillin (GAS can be resistant to macrolides and clindamycin; determining antimicrobial susceptibility will facilitate an appropriate treatment).
  + in regular contact with vulnerable individuals e.g. health and adult social care workers (people vulnerable to invasive GAS include those who are immunocompromised, have comorbidities, women in the late stage of pregnancy, or those with skin diseases).

Further information on clinical management of scarlet fever can be found in the [NICE CKS for Scarlet Fever](https://cks.nice.org.uk/topics/scarlet-fever/#!topicsummary), and the UKHSA public health guidance for HPTs [here](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/771139/Guidelines_for_the_public_health_management_of_scarlet_fever_outbreaks__.pdf).

**Invasive GAS (iGAS)**

Clinicians should be mindful of iGAS infection (infection associated with the isolation of GAS from a normally sterile site), which may lead to a severe clinical presentation such as sepsis or rarely necrotising fasciitis. It is important to maintain a high index of suspicion, especially in relevant patients (such as those with chickenpox, and women in the puerperal period). Early recognition and prompt initiation of specific and supportive therapy for patients with iGAS infection can be lifesaving. Guidance for managing close contacts of invasive GAS disease and prevention of GAS infection in acute healthcare and maternity settings are available [here](https://www.gov.uk/government/collections/group-a-streptococcal-infections-guidance-and-data).

Yours sincerely,

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