



**People Directorate**

**Public Health Department**

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Dear Parent/Carer,

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.

Please be aware of the symptoms to look out for in your child:

### **Symptoms of Scarlet fever**

- 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
- High temperature: over 38°C for a child under 3 months or 39°C or above for a child over 3 months
- A sore throat
- Swollen neck glands (a large lump on the side of the neck)
- A white coating can also appear on the tongue. This peels, leaving the tongue red, swollen and covered in little bumps.

### **Who to contact**

Contact NHS 111 or your GP if you suspect your child has scarlet fever, or if your child has been treated for scarlet fever but the symptoms haven't improved after a week or are getting worse. Early treatment with antibiotics is recommended to reduce the length of time the infection is contagious, speed up recovery and reduce the risk of any further problems. Children

can usually return to school once they have had 24 hrs of antibiotics, so long as they are well enough to do so.

Your GP can usually diagnose scarlet fever by looking at the rash. Sometimes they may use a cotton bud to remove a bit of saliva from the throat so it can be tested. Scarlet fever usually clears up within a week, although the skin may peel for a few weeks after the other symptoms have passed.

The infection is contagious from before the symptoms appear until 24 hours after starting antibiotic treatment, therefore if your child has scarlet fever, please keep your child at home for at least 24 hours after the start of antibiotic treatment to avoid spreading it to others.

Further problems due to scarlet fever are rare, but there's a small risk of the infection spreading to other parts of the body and causing problems such as an ear infection or lung infection (pneumonia). **Contact your GP if you or your child get any new symptoms that you're worried about in the weeks after a scarlet fever infection.**

### **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.

#### **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 or stay awake
- You think your child is not drinking well or is dehydrated. For a baby, this means that they are taking less than half of their normal feeds and having less than two wet nappies a day
- Your child is crying constantly, and you can't console or distract them, or the cry doesn't sound like their normal cry (such as high pitched)
- Your child's condition is rapidly deteriorating

Additional information on signs and symptoms of scarlet fever and strep A can be found here:

<https://www.rcpch.ac.uk/news-events/news/rcpch-calls-paediatricians-think-group-strep>

## Infection Prevention

Bacteria which cause scarlet fever can be spread by coughing, sneezing, through normal breathing, through saliva and oral secretions, and by touching or being in direct contact with an infected person. We can all take simple steps to help reduce the incidence and transmission of any infectious disease:

**Wash hand effectively and frequently:** Hand washing remains the most important step in preventing such infections. Washing all areas of your hands well for 20-30 seconds with soap and warm water, and following the 'WET, SOAP, WASH, RINSE, DRY' order will help to remove dirt, viruses and bacteria and helps to prevent the spread of infection.

**Maintain good ventilation:** allowing fresh outdoor air inside where possible, helping to carry away infectious droplets that may have been coughed, sneezed, or breathed out. If the temperature is extremely cold, open windows for a few minutes every hour to encourage air flow.

**Observe good respiratory hygiene:** encourage the use of tissue to catch coughs and sneezes or use the inside of the elbow rather than hands, which may touch surfaces that others touch. Encourage hand washing after coughing or sneezing.

**Make sure your child is fully vaccinated:** There is no vaccine for scarlet fever; however, there are many other vaccines for other serious childhood illnesses. Vaccinations are the most effective way we can protect ourselves and our children against ill health. Vaccines protect you, your child, your family, and the community from serious and potentially deadly diseases. For more information <https://www.nhs.uk/conditions/vaccinations/>

Additional information on scarlet fever - NHS ([www.nhs.uk](http://www.nhs.uk))

If you have any concerns that your child has symptoms of scarlet fever, please seek medical attention by contacting NHS 111 or your GP. If you notice a rapid deterioration in your child's health, please seek urgent medical attention by calling 999 or attending your nearest A&E department.

Yours sincerely



Gillian McLauchlan

**Deputy Director of Public Health**