

For distribution to primary care

Tel: 0300 555 0119

Date: 25/11/22

Dear Colleagues

Re: Increase in scarlet fever notifications

We are writing to inform you of an increase in notifications of **scarlet fever**. The increase seen is above seasonally expected levels. Clusters of scarlet fever have been reported at schools and nurseries in Antrim, Belfast, Bangor and Craigavon. Scarlet fever is a notifiable disease, and we would like to take this opportunity to remind practitioners of the signs and symptoms and the actions to be taken if you see a case.

Signs and symptoms of scarlet fever

Scarlet fever is a common childhood infection caused by *Streptococcus pyogenes*, or group A streptococcus (GAS). **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, cellulitis, 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.

Household contacts have a low but increased risk of invasive GAS infections in the 2 months after scarlet fever case onset – this should be borne in mind in any subsequent clinical assessment.

Recommended actions

- Suspected scarlet fever can be confirmed by taking a **throat swab** for culture of Group A *Streptococcus*, although a negative throat swab does not exclude the diagnosis. Consider taking a throat swab to:
 - assist with differential diagnosis,
 - if you suspect that the patient may be part of an **outbreak**
 - if the patient is allergic to penicillin or
 - in regular contact with vulnerable individuals (for example healthcare worker)

- **Prescribe antibiotics** without waiting for the culture result if scarlet fever is clinically suspected:

Choice	Drug	Age	Dose (by mouth)	Frequency and duration
1	Penicillin V*	<1m	12.5mg/kg (max 62.5mg)	Every 6 hours for 10 days
		1m to <1 yr	62.5mg	
		1 to <6 yrs	125mg	
		6 to <12 yrs	250mg	
		12 to 18 yrs	250-500mg	
		Adults	500mg	
2	Azithromycin**	6m to < 12 yrs***	12mg/kg (max 500mg)	Once a day for five days
		12 yrs and over	500mg	

*For children who are unable to swallow tablets, or where compliance to Penicillin V is a concern, Amoxicillin 50 mg/kg once daily (max = 1000 mg) or 25 mg/kg (max = 500 mg) twice daily may be used as an alternative

**if allergic to penicillin

***unlicensed indication

- Advise **exclusion** from nursery / school / work for **24 hours** after the commencement of appropriate antibiotic treatment
- **Notify** the Public Health Agency, including information on the school/nursery attended if relevant. Cases may be notified on the basis of clinical suspicion and do not have to be confirmed by the laboratory.

The Public Health Agency Duty Room can be contacted on 0300 555 0114. Out of hours, the Health Protection on-call team can be contacted via ambulance control.

Further information about scarlet fever is available on the PHA website:

<https://www.publichealth.hscni.net/news/scarlet-fever>

Clinicians should be mindful of a potential increase in **invasive GAS (iGAS)** infection which can follow trends in scarlet fever. It is important to maintain a high index of suspicion, especially in relevant patients (such as those with chickenpox, women in the puerperal period, neonates, those with viral respiratory infections (eg flu), and those post-surgery). **Early recognition and prompt initiation of specific and supportive therapy for patients with iGAS infection can be lifesaving.**

Yours sincerely

Consultant in Health Protection

Attached: Template letter sent to parents/guardians to notify of cases within a school or nursery setting

Template letter to parents/guardians

Health Protection Duty Room



12-22 Linenhall Street

Belfast

BT2 8BS

Tel: 0300 555 0119

Date

Dear Parent / Guardian,

We have been informed that a small number of children who attend **school/nursery name** have been diagnosed with scarlet fever. Although scarlet fever is usually a mild illness, it is commonly treated with antibiotics to minimise the risk of complications and reduce the spread to others.

The symptoms of scarlet fever include a sore throat, headache, fever, nausea and vomiting. This is followed by a fine red rash which typically first appears on the chest and stomach, rapidly spreading to other parts of the body. On more darkly-pigmented skin, the scarlet rash may be harder to spot, but it should feel like 'sandpaper'. The face can be flushed red but pale around the mouth.

If you think you, or your child, have scarlet fever:

- contact your GP for further advice
- make sure that you/your child takes the full course of any antibiotics prescribed by the doctor
- stay at home, away from nursery, school or work for **at least 24 hours after starting the antibiotic treatment**, to avoid spreading the infection

Complications

Children who have had **chickenpox** recently are more likely to develop more serious infection with scarlet fever and so parents should remain vigilant for symptoms such as a persistent high fever, cellulitis (skin infection) or arthritis (joint pain and swelling). **If you are concerned for any reason please seek medical assistance immediately.**

You can find more information at <https://www.nidirect.gov.uk/conditions/scarlet-fever> and further advice can also be obtained from the PHA Health Protection Team on **0300 555 0119** during office hours.

Yours sincerely,

Consultant in Health Protection