

Public health briefing on Scarlet fever and invasive group A strep

The UK Health Security Agency (UKHSA) has reported that scarlet fever cases are higher than we would typically see at this time of year. 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 (a skin infection). 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. Sadly there have also been six (updated to nine) deaths involving iGAS recorded in children since September.

UKHSA is monitoring the situation very closely and they advise that 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 as well. 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.

Advice for parents and carers

Symptoms of scarlet fever and when to see a GP

Scarlet fever is a contagious bacterial infection that mostly affects young children. It is easily treated with antibiotics. The first signs of scarlet fever can be flu-like symptoms, including high temperature, a sore throat and swollen neck glands (a large lump on the side of your neck).

A rash appears 12 to 48 hours later. It looks like small, raised bumps and starts on the chest and tummy, then spreads. The rash makes your skin feel rough, like sandpaper. On white skin the rash looks pink or red. It may be harder to see on brown and black skin, but you can still feel it. A white coating also appears on the tongue. This peels, leaving the tongue red, swollen and covered in little bumps (called “strawberry tongue”). The rash does not appear on the face, but the cheeks can look red. The redness may be harder to see on brown and black skin.

Contact a GP if your child:

- Has scarlet fever symptoms
- Does not get better in a week (after seeing a GP)
- Has scarlet fever and chickenpox at the same time
- Is ill again, weeks after scarlet fever got better – this can be a sign of a complication, such as rheumatic fever
- Is feeling unwell and has been in contact with someone who has scarlet fever

Scarlet fever is very easily spread. Check with a GP before you go in. They may suggest a phone consultation.

What to do if you feel your child seems seriously 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 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