

There is also a recent national increase in notifications of **scarlet fever** from UK Health Security Agency (UKHSA). This is in line with the seasonal expected levels which had previously dropped during the pandemic, reflecting the impact of control measures to curb the transmission of COVID-19. We have seen concurrent increases in **chickenpox**. It is suspected that because of reduced mixing during the COVID-19 pandemic a larger proportion of children of reception and school year 1 age remain susceptible to chickenpox.

There has been an increase in the number of scarlet fever and chickenpox outbreaks linked to nurseries and primary schools reported to UKHSA Health Protection Teams since the beginning of March 2022, including some where both infections are co-circulating. Evidence suggests that chickenpox is the most common risk factor for invasive group A streptococcal (iGAS) disease in children.

### **Signs and symptoms of scarlet fever**

<https://www.nhs.uk/conditions/scarlet-fever/>

Scarlet fever is a common childhood infection caused by *Streptococcus pyogenes*, or group A streptococcus (GAS). The early symptoms of scarlet fever include sore throat, headache, fever, nausea, and vomiting. After 12 to 48 hours the characteristic red, pinhead rash develops, typically first appearing on the chest and stomach, then rapidly spreading to other parts of the body, and giving the skin a sandpaper-like texture. The scarlet rash may be harder to spot on darker skin, 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'. As the child improves peeling of the skin can occur.



### **Infection control advice**

In schools and nurseries, it is recognised that infections can be spread through direct physical contact between children and staff and through shared contact with surfaces such as table tops, taps, toys and handles. During periods of high incidence of scarlet fever there may also be an increase in outbreaks in schools, nurseries and other childcare settings.

As per national Guidance on Infection Control in Schools and other Child Care Settings, children and adults with suspected scarlet fever should be excluded from nursery, school, or work for 24 hours after the commencement of appropriate antibiotic treatment. Good hygiene practice such as hand washing remains the most important step in preventing and controlling spread of infection.