UK Health Security Agency

Children & Young People Settings

Scarlet Fever Action Card

To be used in conjunction with Health protection in children and young people settings, including education - GOV.UK

An outbreak of Scarlet Fever is defined as two or more cases in a class or specific close mixing group that occurs within a 10-day period.

Signs and symptoms	Include a high temperature, a sore throat, and swollen neck glands. A rash appears 12 to 48 hours later. It looks like small, raised bumps and starts on the chest and tummy, then spreads. On white skin the rash looks pink or red. On brown and black skin, it might be harder to see a change in colour, but you can still feel the sandpaper-like texture of the rash and see the raised bumps. The face can be flushed red. For further details see Scarlet fever - NHS.
Transmission Route	The bacteria are spread by contact with the mucus or saliva of the infected person. These might be on cups, plates, pens, toys or surfaces such as tables, used or touched by someone carrying the bacteria. Transmission is also thought to occur through breathing in infected droplets produced by an infected person coughing or sneezing
Exclusion	• Children and adults with suspected scarlet fever should be excluded from nursery / education setting / work until 24 hours after the commencement of appropriate antibiotic treatment. • Contacts of scarlet fever cases (including siblings or household members) who are well and do not have symptoms **do not** require antibiotics and can continue to attend the setting. They should seek treatment if they develop symptoms.
Closures	It is **not** necessary to close the school unless there are operational reasons such as significant staff absence. This would be a decision for the school in conjunction with the relevant educational authority. There is no requirement to cancel extra-curricular activities or visits.
End of outbreak	An outbreak of scarlet fever can be declared over when 10 days have passed without any new cases in the group.
Recommended actions for limiting transmission	
Broken skin	Make sure that all cuts, scrapes, and wounds are cleaned and covered. This also applies to bites. This is to avoid infection getting into the blood stream and causing severe disease.
Hand and respiratory hygiene	• Children should be supervised and/or encouraged to wash their hands regularly • Hand washing with liquid soap and warm water preferred over alcohol gel • Paper towels or hand dryers should be used for drying hands (and a wastepaper bin provided for disposal of towels if applicable) • Encourage good respiratory hygiene (using and disposing of tissues) • Remind staff to wash their hands throughout the day. Hand washing needs to be done after changing nappies and helping children use the toilet. • e-Bug | England Home has a range of educational resources for ages 3-16 to learn about microbes, infection prevention and control, antibiotics and vaccination.
Cleaning and disinfection	• Daily cleaning using standard cleaning products such as detergents and bleach (Hypochlorite at 1000 ppm of available chlorine) for equipment, hard surfaces, hard toys, and sleep mats is an important part of reducing transmission. Single use cloths or paper towels should be used for cleaning. Soft toys should be machine washed. • Carpets and soft furnishings should be vacuumed daily. • Frequently touched surfaces such as taps, toilet flush handles, and door handles, should be cleaned regularly throughout the day.

	• Complete a deep clean at the end of the outbreak (at least 10 days with no new cases in the defined group). Carpets and rugs should be cleaned with a washer-extractor. Curtains, soft furnishing covers and all linen should be removed and washed at the hottest compatible temperature. Soft furnishings without removable covers should be steam cleaned. This could be done during an evening, weekend or over the school holidays.
Communications	Send information letter and factsheet(s) to parents/carers/staff. The letter should be edited where highlighted to reflect the circumstances in your setting (see flow chart below): 1. Two or more cases of **scarlet fever** in a class within a 10-day period 2. Two or more cases of scarlet fever and at least two cases of **chickenpox** in a class within a 10-day period 3. Two or more cases of scarlet fever and at least two cases of clinically diagnosed **flu** in a class within a 10-day period
Reporting to UKHSA / HPT	
When to contact UKHSA - West Midlands Health Protection Team (WMHPT) **(This advice does not replace any local reporting arrangements with local authorities or other partners)**	Please contact West Midlands Heath Protection Team 0344 225 3560 option 2, Monday – Friday 9am –5pm or email westmidlands.arc@ukhsa.gov.uk if: • You have **two or more cases of chickenpox or positive tests for flu in the class that has scarlet fever at the same time**. This is because infection with scarlet fever and either chickenpox or flu at the same time can result in more serious illness. • You are a special needs setting with many clinically vulnerable individuals. • The outbreak continues for over 3 weeks, despite taking steps to control it and you are concerned that case numbers are still rising. • Any child or staff member is admitted to hospital with a Group A Streptococcus (GAS) infection (or there is a death) NOTE: If none of the above apply, you do **not** need to contact the Health Protection Team

Communications flow chart

