

By email

Letter to Schools and Early Years Providers

7th December 2022

Dear Colleagues,

INCREASE IN GROUP A STREPTOCOCCUS INFECTIONS IN NORTHERN IRELAND

I am writing to provide you with some information and public health advice relating to the increased levels of infections of Group A streptococcal infections in Northern Ireland.

There has been an increase in infections caused by Group A streptococcus bacteria compared to what is expected at this time of year. This is being seen primarily in children aged under 10 years. Group A streptococcal infection usually causes a mild illness with symptoms such as skin infections, sore throat and fever. Scarlet fever, again usually a mild illness, is caused by Group A strep.

Group A strep is a very common infection. It circulates throughout the year but typically peaks in late winter and early spring. A surge in Group A strep is usually seen around every four years. Notifications of scarlet fever have increased in recent weeks and we are seeing higher numbers than usual for this time of year. This may in part be because of increased mixing patterns and lower levels of the infection over the past couple of years when COVID restrictions were in place. There is no evidence that the disease itself has changed and the vast majority of cases are mild. However, in very rare circumstances, the bacteria can get into the bloodstream and cause serious illness, called invasive Group A strep (iGAS).

The Education Authority have advised that your School Improvement Professionals (SIP) will continue to work alongside you to provide any support that they can at this very challenging time.



Contacting the Public Health Agency

It is not necessary to contact the Public Health Agency (PHA) for every case or cluster of cases of scarlet fever. However, you should contact the PHA on pha.dutyroom@hscni.net or phone 0300 555 0119 for advice, if any of the following apply:

- You have one or more cases of chickenpox or flu like illness 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.
- Any child or staff member is admitted to hospital with any Group A Strep (GAS) infection.
- Any clinical or public health issues that are making it difficult to manage the outbreak.

If you have any concerns about managing outbreaks in your setting, please contact the PHA.

Scarlet fever

Scarlet fever is a relatively common childhood illness. The symptoms of scarlet fever in the early stages can be non-specific and may include sore throat, headache, fever, nausea and vomiting. After 12 to 48 hours a 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.

Although scarlet fever is usually a mild illness, some patients may require hospital admission to manage symptoms or complications. There is a risk of long-term complications such as kidney disease and rheumatic fever.

Prompt treatment with appropriate antibiotics significantly reduces the risk of complications. So, we encourage parents who suspect their child has scarlet fever to seek medical advice from their GP.

Further information about scarlet fever is available on the PHA website: <https://www.publichealth.hscni.net/news/scarlet-fever> and <http://pha.site/scarlet-fever-2022> and also on NI Direct: <https://www.nidirect.gov.uk/conditions/scarlet-fever>

What to do if there are cases of scarlet fever in a school or early years setting.

Scarlet fever is an infectious disease and passes between person to person. It is therefore not unusual to see more than one case in a class or group – particularly at times like this when prevalence is higher than usual.

It may be helpful to issue a warn and inform letter to make parents aware of scarlet fever in the setting and to encourage them to be alert to symptoms in their own child seeking medical advice if required and not sending their child to school if they are unwell. A template letter will be made available on C2K in due course.

Children/staff with a diagnosis of scarlet fever should not attend nursery / school / work for a minimum period of 24 hours after starting appropriate antibiotic treatment and they should feel well enough to return to school.

Infection prevention and control

If a school is aware of cases of scarlet fever, good cleaning and ventilation will help reduce the risk of spread. In colder weather, it isn't easy to keep windows open, but opening windows intermittently, even for short periods can help. Standard cleaning measures are sufficient in the majority of cases unless specifically advised by PHA. Standard cleaning regimes should be followed diligently, including surfaces, touchpoints, toys and equipment. Consideration should be given to temporarily removing soft toys from the setting while cases are occurring in the education setting.

Invasive Group A streptococcus

As mentioned above, in rare situations, Group A streptococcus can cause serious illness known as invasive Group A streptococcal disease (iGAS). As well as an increase in notifications of scarlet fever, which is above the levels we usually see at this time of year, the PHA is also aware of a higher number of cases of iGAS than usual being reported across the UK. However, this is still a rare condition.

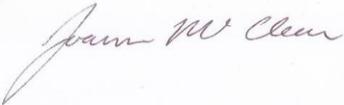
When a case of iGAS is diagnosed, the treating doctor will inform PHA. A risk assessment is undertaken to consider if there are any public health actions required. As part of this process, if the case attends school or early years, that setting will be considered and the school contacted if required.

If you are contacted by PHA to discuss a risk assessment related to a case of iGAS we would be very grateful for your assistance with this. For the most part this will be a straightforward process. We might ask about levels of illnesses in the school particularly chickenpox or flu like illness. Reporting of iGAS to PHA is the responsibility of the treating doctor.

The PHA will provide detailed advice and guidance on an individual basis to any school or early years setting with a clinically confirmed iGAS case reported.

Thank you for your ongoing support.

Yours sincerely,



Dr Joanne McClean
Director of Public Health

Appendix A: Scarlet fever symptoms

The symptoms of scarlet fever 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 paleness around the mouth. This may be accompanied by a 'strawberry tongue'. During convalescence peeling of the skin may occur at the tips of fingers and toes and less often over wide areas of the trunk and limbs.

Although scarlet fever is usually a mild illness, some patients may require hospital admission to manage symptoms or complications. There is a risk of long-term complications such as kidney disease and rheumatic fever.

Prompt treatment with appropriate antibiotics significantly reduces the risk of complications.

We would ask schools and early years providers to make parents aware of the rise in notifications of scarlet fever and ask that they contact their GP if they spot symptoms of scarlet fever or have concerns.

Further information about scarlet fever is available on the PHA website:
<https://www.publichealth.hscni.net/news/scarlet-fever> and also on nidirect:
<https://www.nidirect.gov.uk/conditions/scarlet-fever>

Signs and symptoms of scarlet fever

- Sore throats, a white coating can appear on the tongue



- Fever
- Skin infections
- A rash – sometimes feels like sandpaper, rashes can be harder to see on black or brown skin, but you can still feel it

