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## **Re: Information on Group A Streptococcus, Scarlet Fever and Invasive Group A Strep**

**Dear Parents and Carers,**

I am writing to provide you information about Group A Streptococcus (GAS), scarlet fever and Invasive Group A Strep (iGAS), as we are seeing an increase in cases across the UK and London. The number of infections is higher compared to the average for this time of year and it is therefore more difficult to confidently distinguish between symptoms of cold, flu, other respiratory illnesses, scarlet fever or invasive Group A streptococcus. GAS infections are normally mild and treatable and intensive GAS is very rare. You have likely seen in the news about children sadly passing away from iGAS and it is understandable that you are concerned about your child's health. I hope you will find the following information and advice helpful.

### **What is Group A Streptococcus?**

GAS is a common bacteria which many of us carry in our throats and on our skin. It is naturally carried by around 1 in 5 children and it doesn't always result in illness. Sometimes it can cause an infection, such as infections of the throat like scarlet fever and tonsillitis, or of the skin like cellulitis and impetigo. Most of these are mild and treatable.

### **What is Scarlet Fever?**

Scarlet fever, which is caused by GAS, is usually a mild illness and is treatable by antibiotics, but it is easily passed from one person to another. It is much more common in children than in adults.

It is important that children with scarlet fever are seen by their GP so that they can be started on antibiotics. This is not only to reduce the chance of their infection becoming more severe but also to stop them spreading the infection to others, especially people at higher risk of infection such as the elderly and those with weakened immune systems.

### **Scarlet Fever: symptoms to look out for**

The rash of scarlet fever often begins with small spots on the body that then spread to the neck, arms and legs over the next 1-2 days. It is often 'sand-paper' like to touch but is not itchy. On darker skin, the rash can be more difficult to see but will have the sandpapery feel. Photo examples of some of these symptoms are available on the NHS website: <https://www.nhs.uk/conditions/scarlet-fever/>

Your child may also have a:

- Sore throat/tonsillitis
- Fever (temperature of 38°C or above)
- Painful, swollen glands in the neck
- A bright red 'strawberry' tongue

### **Invasive Group A Strep (iGAS)**

The same bacteria which cause scarlet fever can also cause a range of other types of infection such as skin infections (impetigo) and sore throat (also called "Strep throat").

The sore throat caused by GAS is normally much worse than in a common cold, with the child being unable to swallow, eat or drink.

In very rare cases, the bacteria can get into the bloodstream and cause an illness called iGAS.

Whilst iGAS is still uncommon, there has been an increase in iGAS cases this year, particularly in children under age 10, and sadly a small number of deaths.

### When to seek medical advice

Scarlet Fever is usually mild but antibiotics are important to reduce the risk of complications. Contact NHS 111 or your GP if you suspect your child has scarlet fever, because early treatment with antibiotics is important to reduce the risk of complications, such as pneumonia or a bloodstream infection (iGAS). If your child has scarlet fever, keep them at home until at least 24 hours after the start of antibiotic treatment to avoid spreading the infection to others.

Also contact NHS 111 or your GP if your child is unable to swallow, eat or drink because of sore throat.

As a parent, you may know if your child seems seriously unwell and should trust your own judgement.

To confirm a GAS infection, your GP might take a swab from the child's throat. However, not all children with symptoms will be swabbed, only those with clinically suspected scarlet fever, and children admitted to hospital. Children with tonsillitis can be given antibiotics without swabbing when the GP is assessing it's a bacterial infection.

<b>Contact NHS 111 or your GP if:</b> <ul style="list-style-type: none"><li>• you suspect your child has scarlet fever</li><li>• your child is getting worse</li><li>• your child is feeding or eating much less than normal</li><li>• your child has had a dry nappy for 12 hours or more</li><li>• 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</li><li>• your baby feels hotter than usual when you touch their back or chest, or feels sweaty</li><li>• your child is very tired or irritable</li></ul>	<b>Call 999 or go to A&amp;E if:</b> <ul style="list-style-type: none"><li>• your child is having difficulty breathing – you may notice grunting noises or their tummy sucking under their ribs</li><li>• there are pauses when your child breathes</li><li>• your child's skin, tongue or lips are blue</li><li>• your child is floppy and will not wake up or stay awake</li></ul>
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### How to prevent Group A Strep bacteria from spreading

Group A Strep is spread by close contact with an infected person and can be passed on through coughs and sneezes or from a wound.

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.

It is important that we all do our best to boost our immunity, by taking up flu and COVID booster vaccine, ensuring that children are up to date with their vaccination schedule, and remembering to:

- **Catch it:** always cough or sneeze into a tissue
- **Bin it:** always throw the used tissue in a bin
- **Kill it:** always wash your hands with soap and hot water

### Helpful links with more information:

**Scarlet fever:** <https://what0-18.nhs.uk/parents/carers/worried-your-child-unwell/scarlet-fever>

**Invasive Group A Strep (iGAS):** <https://ukhsa.blog.gov.uk/2022/12/05/group-a-strep-what-you-need-to-know/>

Yours faithfully,

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