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Re: Increase in Scarlet Fever

Dear Parents and Carers

We are writing to inform you of a recent national increase in notifications of scarlet fever to the UK Health Security Agency (UKHSA), above seasonal expected levels.

We would like to take this opportunity to remind you of the signs, symptoms and the actions to be taken if you believe your child may be suffering with this condition.

Signs and symptoms of scarlet fever

Scarlet fever is a common childhood infection caused by *Streptococcus pyogenes*, or group A *Streptococcus* (GAS). It is not usually serious, but should be treated with antibiotics to reduce the risk of complications (such as pneumonia) and spread to others.

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 be pale around the mouth. This may be accompanied by 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. In very rare cases, the bacteria can get into the bloodstream and cause an illness called invasive Group A strep (iGAS).

Whilst still uncommon, there has been an increase in iGAS cases this year, particularly in children under 10 years old. It is very rare for children with scarlet fever to develop iGAS infection. Parents are advised to trust their judgement when their child is unwell; if their child seriously deteriorates, they should speak to their GP or call 111 for advice.

Yours faithfully

David Aldworth, Executive Head Teacher

