

**Advice from the Public Health Agency**

8th December 2022

Dear Parents

**INCREASE IN GROUP A STREPTOCOCCUS INFECTIONS IN NORTHERN IRELAND**

Please find attached a summary of the information which the school has received from the PHA regarding the increase in infections of Group A Streptococcal infections

**It is important that you inform the school immediately if your child has**

- 1. been diagnosed as having Group A Strep or Scarlet Fever.**
- 2. chickenpox.**
- 3. been admitted to hospital with Group A Strep or Scarlet Fever**

**Advice from PHA**

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).



## 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>

**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.**

## 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.

## **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



