

## Strep A- advice for education settings

Please read all this information

Strep A is a bacteria that causes a range of infections such as sore throat, scarlet fever, and skin infections like impetigo. Strep A infections are seen every year, typically in the early spring, and the bacteria is spread through snot and spit.

Most Strep A infections are very mild and can be easily treated with antibiotics. In very rare cases, the bacteria can get into the bloodstream and cause an illness called *invasive* Group A Strep (iGAS). These are the cases that have been in the news recently.

This year, we are seeing an increase in scarlet fever (caused by Strep A) earlier than we might expect. Whilst still very rare, we are also seeing an increase in invasive Group A Strep cases.

There are also a number of other winter bugs circulating; so not all unwell children will be infected with Strep A. Many of these other winter bugs are caused by viruses and cannot be treated with antibiotics. Most winter bugs, with symptoms of coughs, sneezing, and sore throat, can be managed at home.

You may see some scarlet fever cases in your setting over the next few weeks. We have described the symptoms of scarlet fever and the actions you should take below.

### Symptoms of scarlet fever:

- High fever (feeling hotter than usual on the back or chest, feeling sweaty)
- Difficulty swallowing
- Tender enlarged lymph nodes
- Sore neck or throat
- Headache
- Nausea
- Vomiting
- Feeling tired or unwell
- Flushed red face, but pale around the mouth

Followed 12-48 hours later by:

- Pinhead-size, red, generalised rash. The rash gives the skin a sandpaper-like texture.
- Tongue rash has strawberry-like appearance.
- On darker skin the rash may be more difficult to see but will still have a sandpaper-like texture. Please see [NHS online](#) for more information.

Complications from scarlet fever are rare and the risks are reduced by antibiotic treatment. However, they can happen during or in the weeks after the infection, and can include ear infection, throat abscess, sinusitis, pneumonia, meningitis, and rheumatic fever.

When should children with symptoms of scarlet fever stop coming to school, nursery, or college?



Children with scarlet fever can return to their education setting 24 hours after commencing antibiotic treatment if they are well enough. They must not come back before starting antibiotic treatment as they will be infectious for several weeks.

### What should we do in the education setting if we have cases of scarlet fever?

Encourage parents to contact their GP when their child has symptoms of scarlet fever and trust their judgement if they feel their child is seriously unwell. The GP will assess the child and prescribe antibiotics if they have a bacterial infection like scarlet fever. If the child has another winter bug caused by a virus, antibiotics will not treat this.

Inform your UKHSA health protection team on 0344 2254 524 if:

1. You have one or more cases of chickenpox or 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.
2. You are experiencing an outbreak of scarlet fever in a setting / class that provides care or education to children who are clinically vulnerable.
3. The outbreak continues for over 2 weeks, despite taking steps to control it.
4. Any child or staff member is admitted to hospital with any Group A Strep (GAS) infection (or there is a death).
5. Any issues that are making it difficult to manage the outbreak.

Encourage children to practice good respiratory hygiene. They should cover their nose and mouth with a tissue (or sleeve) when sneezing or coughing, dispose of the tissue, and then wash their hands.

Encourage children to wash their hands. Children should use soap and water or alcohol hand gel regularly, but especially before eating or handling food, after using the toilet, and after coughing or sneezing.

Maintain a thorough cleaning regime, especially in kitchens, bathrooms, and areas where there are groups of children with symptoms. Objects such as light switches and handrails that are touched frequently throughout the day should be cleaned more regularly. Settings should review cleaning regimes for soft furnishings like cushions and soft toys, and ensure these items are cleaned regularly.

Equipment such as dishwashers and washing machines should be appropriately maintained to ensure they remain operational.

Discourage children from sharing cutlery, towels, clothes, bedding, or baths.

Ensure there is good ventilation throughout your setting. Consider opening windows, trickle vents and grilles, whilst balancing the need for a comfortable indoor temperature.

These actions are important for preventing lots of different infections, please also encourage parents/carers to get their child vaccinated against flu infection. All 2- and 3-year-olds, primary aged



children, and children in Y7, Y8 and Y9 are eligible for a free flu vaccine. More information about the children's free flu vaccine can be found [here](#), information about the adult's free flu vaccine can be found [here](#).

Please share this resource with your staff

Please share the accompanying resource 'Strep A- advice for parents/carers' with parents/carers

If you have questions or concerns about this information, or the information shared with parents, please get in touch at [cct@derby.gov.uk](mailto:cct@derby.gov.uk). If you have concerns about the accessibility of information shared with parents, such as the format or language used, please let us know.

Teaching resources:

Early years - [hand and respiratory hygiene](#)

KS1 - [hand and respiratory hygiene](#)

KS2 - [hand and respiratory hygiene and vaccinations](#)

KS3 - [hand and respiratory hygiene and vaccinations](#)

KS4 - [hand and respiratory hygiene and vaccinations](#)

