

# Scarlet Fever

This information is based on the national guidance: [Health protection in children and young people settings, including education](#).

Scarlet fever is caused by a bacterial infection which can be very contagious. We expect to see an increase in the spring months each year.

## Symptoms:

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

Followed 12-48 hours later by:

- Small, red, widespread 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 swelling, sinusitis, lung infection, meningitis, and rheumatic fever (which can affect the joints and heart).

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

Children 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?

Encourage parents to contact their GP when their child has symptoms of scarlet fever.

Inform your UKHSA Health Protection Team on 0344 2254 524 if there is scarlet fever and chickenpox circulating at the same time in your setting, or if there is an outbreak of 2 or more scarlet fever cases within 10 days of each other and the cases are linked.

Encourage children to 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. Cleaning should be done with standard products like detergents and bleach (at 1000ppm of available chlorine), single use cloths or paper towels should be used for cleaning. 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 fresh air throughout your setting. Consider opening windows, trickle vents and grilles, whilst balancing the need for a comfortable indoor temperature.

#### 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](#)

