



UK Health
Security
Agency

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MESSAGE TO NORTH EAST SCHOOLS

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You will have seen coverage on the news of Group A Streptococcal infections, including sadly a small number of deaths in children, over recent days. Please be assured that severe group A strep infections are exceptionally rare. This letter is intended to give some background advice which you may find helpful.

Mild Group A Streptococcal infections

Infections caused by Group A streptococcal infections are very common and are usually mild. These include mild skin infections and sore throats, including tonsillitis. These often require no treatment; antibiotics are not necessarily required.

There is generally no need for any exclusion from school in connection with, for example, a sore throat, **even** if this is suspected or confirmed to have been caused by Group A strep. There is no need to notify the Health Protection Team.

Scarlet fever

Scarlet fever is another infection caused by Group A Streptococci. This is also typically a mild illness, though it usually needs to be treated with a course of antibiotics to minimise the risk of complications and reduce the spread to others.

Scarlet fever is characterised by a fine red rash which typically appears first on the chest and stomach, rapidly spreading to other parts of the body. The skin can feel a bit like sandpaper, and the face can be flushed red while remaining pale around the mouth. The rash often appears after or along with symptoms such as a sore throat, headache, fever, nausea and vomiting. If parents suspect that a child has scarlet fever, they should be encouraged to seek prompt medical attention from NHS 111, a nurse or a doctor, so that the appropriate antibiotics can be prescribed if required. **Any child or staff member who develops scarlet fever should stay off school until 24 hours after their first dose of antibiotics.**

There is no need for schools to report small numbers of scarlet fever cases to the Health Protection Team, unless there is other co-circulating illness (see 'When to contact the health protection team' below).

Severe Group A streptococcal infections

Severe Group A streptococcal infections (also known as 'invasive Group A strep infections' or 'iGAS') are very rare, and especially so in otherwise healthy school-aged children. Severe infections are usually diagnosed following hospital admission. Hospital doctors are legally required to notify the Health Protection Team of these cases, and we will take appropriate action. In most cases, there are no public health actions for schools to take. If schools believe that one of their pupils has been admitted to hospital because of an infection, they are welcome to call us so that we can investigate further and provide appropriate advice.

In very exceptional circumstances, where schools do need to act, the Health Protection Team will liaise with the school and guide them through the necessary actions, which could include (for example) sending a letter to other parents or working with local doctors to offer antibiotics to other children or staff.

As these cases will have received antibiotic treatment in hospital, there is generally no need for exclusion from school once children are well enough to return.

When to contact the Health Protection Team

The Health Protection Team exists to protect the population from harm when outbreaks of infectious diseases occur, or when other hazards emerge. We can be contacted on the telephone number at the top of this letter. Schools are always welcome to contact the Health Protection Team for support and advice, especially in situations where large numbers of children are off school with similar symptoms. It should be noted that we are a small team, and our clinicians will prioritise calls back according to risk: you may not receive a return call on the same day.

We are particularly keen to hear from schools when there are reports of:

- Chickenpox and scarlet fever cases occurring at the same time in the same setting – this is important as children who have had chickenpox recently can be at risk of more severe infection if they subsequently catch scarlet fever
- An unusual, rapidly increasing number of pupil or staff absences due to respiratory illness
- Severe illness (including hospitalisation) of pupils or staff
- High levels of parental concern about illness which have not been addressed through usual routes such as provision of the attached information leaflet

We would also encourage schools to contact us early if an outbreak is suspected and the school is attended by high numbers of children with underlying medical conditions, which may make them more vulnerable to infection, or if the school is a boarding or residential setting, where additional control measures may be needed.

General advice on managing increased levels of illness

The usual, familiar measures for reducing transmission of infections in schools, which schools should take all year round, are particularly important during periods with high levels of circulating infection.

- **Exclude unwell pupils and staff**

Pupils and staff who are unwell should not come to school. Those affected by winter respiratory illnesses should stay off school until they have recovered. Those affected by scarlet fever should stay off school until 24 hours after their first dose of antibiotics. Those affected by diarrhoea or vomiting should stay off school until at least 48 hours after they last had diarrhoea or vomiting. While most people are no longer eligible for COVID-19 testing, pupils who test positive should stay at home for three days after the positive test; staff members who test positive should stay at home for five days.

- **Encourage good hand hygiene**

Handwashing is a highly effective way of preventing many infections from spreading. Pupils and staff should frequently wash their hands with warm water and soap, particularly after using the toilet, after using a tissue to catch a cough or sneeze, and before eating. As they are not effective against some germs which cause gastrointestinal illnesses, hand sanitiser gels are not a suitable substitute for handwashing after using the toilet.

- **Cleaning the environment**

In addition to making sure that any vomit or diarrhoea on school premises is promptly cleaned up according to your usual protocols, increasing general clearing of the school environment can help to reduce spread of winter illnesses. For example, you may wish to ensure that there is twice-daily cleaning of communal areas where surfaces such as handrails, door handles, toilet flushes and taps can easily become contaminated.

Closure of schools

The Health Protection Team **does not** frequently or routinely advise that schools close when there are increased levels of diarrhoea and vomiting, increased number of COVID cases, or increase numbers of cases of other winter illnesses. Closing schools does not usually provide substantial additional protection against catching illnesses which are commonly circulating in the community: children and staff will still be at risk of catching winter illnesses even if the school is closed.

Schools may choose to close for business continuity or staffing reasons, or to facilitate cleaning of premises. These are decisions for school management teams to make. Outside of exceptional circumstances, it is not usually necessary for a school to remain closed for public health reasons.

Further information

A suite of advice on management of specific named infections in schools is available on the UKHSA website. This includes details of the exclusion periods required for different infections:

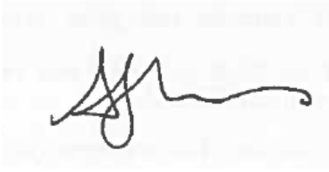
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

There is more information on the recent increase in Group A Streptococcal infections on the UKHSA website:

<https://ukhsa.blog.gov.uk/2022/12/05/group-a-strep-what-you-need-to-know/>

Communicating with parents

You may wish to re-share the enclosed “Winter Illness” information leaflet with parents, which includes advice on scarlet fever.

A handwritten signature in black ink, appearing to read 'A Healy', with a long horizontal flourish extending to the right.

Amanda Healy
Director of Public Health

A handwritten signature in black ink, appearing to read 'Joanne Darke', with a large, stylized initial 'J' and 'D'.

Dr Joanne Darke
Consultant in Health Protection