

Special GP bulletin

Scarlet fever and Group A streptococcal infection

UKHSA issues guidance for primary care on invasive Group A streptococcal infection

Scarlet fever and group A Streptococcal infection (GAS), including invasive GAS, have been at lower levels than normal for the last 2 years during the pandemic. This year, the spike in infection in spring lasted longer, and the spike expected in winter has started earlier and is resulting in higher levels of infection than normally expected at this time of year, particularly in younger children.

Marked increases in scarlet fever notifications are also being seen.

Investigations are underway following reports of an increase in lower respiratory tract GAS infections in children over the past few weeks, which have caused severe illness. A high burden of co-circulating viral infections may be contributing to the increased severity and complications through co-infection.

Clinicians should continue to be mindful of potential increases in invasive disease and maintain a high index of suspicion in relevant patients as early recognition and prompt initiation of specific and supportive therapy for patients with iGAS infection can be life-saving.

Urgent notification to UK Health Security Agency (UKHSA) health protection teams of iGAS infection is essential to facilitate immediate public health actions including assessment of contacts.

Recommendations for primary care

- Given the unusually high level of GAS, and viral co-circulation in the community, health care professionals are asked to have a low threshold to consider and empirically prescribe antibiotics to children presenting with features of GAS infection, including where secondary to viral respiratory illness.
- Consider taking a throat swab to assist with differential diagnosis or if the

patient is thought to be part of an outbreak (to confirm aetiology), allergic to penicillin (to determine antimicrobial susceptibility) or in regular contact with vulnerable individuals.

- Parents of children with presumed respiratory viral infection should be made aware of features suggestive of secondary bacterial infection, such as clinical deterioration, and when and how to seek further help. Safety netting advice for parents can be found on the link below.
- GPs should maintain a low threshold for prompt referral to secondary care of any children presenting with persistent or worsening symptoms.

Useful links

- [Health Protection Report](#)
- [Guidance](#)
- [Notification of infectious diseases](#)
- [Guidance for schools](#) is being published and shared
- [Specific advice in relation to Scarlet Fever](#)

Public communications

The latest [public guidance from the UKHSA is available](#) and a helpful [UKHSA blog is also available](#). The current guidance for parents and carers is as follows:

It's always concerning when a child is unwell. GAS infections cause various symptoms such as sore throat, fever, chills and muscle aches.

As a parent, if you feel that your child seems seriously unwell, you should trust your own judgement.

Contact NHS 111 or your GP if:

- your child is getting worse
- your child is feeding or eating much less than normal
- your child has had a dry nappy for 12 hours or more or shows other [signs of dehydration](#)
- your baby is under 3 months and has a temperature of 38°C, or is older than 3 months and has a temperature of 39°C or higher
- your baby feels hotter than usual when you touch their back or chest, or feels sweaty
- your child is very tired or irritable

Call 999 or go to A&E if:

- your child is having difficulty breathing, you may notice grunting noises or their

- tummy sucking under their ribs
- there are pauses when your child breathes
- your child's [skin, tongue or lips are blue](#)
- your child is floppy and will not wake up or stay awake

How can we stop infections from spreading?

Good hand and respiratory hygiene are important for stopping the spread of many bugs. By teaching your child how to wash their hands properly with soap and warm water for 20 seconds, using a tissue to catch coughs and sneezes, and keeping away from others when feeling unwell, they will be able to reduce the risk of picking up, or spreading, infections.

Communications for your website and social media

The UKHSA guidance has been uploaded to the ICB website, and a communications support pack with public messaging is [available to download](#). For your own communications, you may like to point people to the helpful blog link above, and there is also this [simple explainer video](#) posted today by Dr Ranj.

Scarlet fever treatment and reporting guidance

Given the potential for severe presentations in children, it remains important that scarlet fever cases are treated promptly with antibiotics to limit further spread and reduce risk of potential complications in cases and their close contacts.

Due to these uncommon but potentially severe complications, clinicians and health protection teams (HPTs) should continue to be mindful of potential increases in invasive disease and maintain a high degree of clinical suspicion when assessing patients, particularly those with preceding viral infection (including chickenpox) or close contacts of scarlet fever.

As per [national guidance](#), prompt notification of scarlet fever cases and outbreaks to local UK Health Security Agency (UKHSA) HPTs, obtaining throat swabs (prior to commencing antibiotics) when there is uncertainty about the diagnosis, and exclusion of cases from school or work until 24 hours of antibiotic treatment has been received, remain essential tools to limit spread. Children or nursery/school staff who refuse treatment with antibiotics should be excluded until resolution of symptoms.

Of note, household contacts of scarlet fever cases have been found to have an increased risk of invasive GAS disease in the 2 months after scarlet fever onset, so monitoring for symptoms which are suggestive of complications should seek clinical

advice immediately in that post infection period; these include ear infection, throat abscess (quinsy), cellulitis, pneumonia, sinusitis or meningitis.

Contacts for local infection prevention and control advice

For infection control advice and guidance, contact ciosicb.headofipc@nhs.net.

Guide to prescriptions for antibiotics for Group A streptococcus infection

As the supply chain struggles to accommodate the increased demand for antibiotics to treat suspected Group A streptococcus infection, patients and their representatives may need to approach several different pharmacies to obtain medication. We would encourage practices to liaise with local pharmacies regarding stock availability, as deliveries to and from wholesalers as well as patient demand means that the situation can change throughout the day.

An FP10 can be taken to any pharmacy that can furnish a supply but requires that the form is transported there, either by the patient (or their representative) or as part of a prescription collection service.

Issuing a non-nominated prescription will print an [EPS Release 4 token](#) that can be presented at any pharmacy who can then draw down the prescription from the spine. Where a token is presented, the pharmacy can advise on stock availability without having to pull down the prescription and subsequently return it if they cannot supply the requested medication.

If a remote consultation takes place it is not essential for a token to be transported to the pharmacy. If practices ensure that the patient has a note of the prescription ID or their NHS number, pharmacies can use this to search the spine for the patient's prescription. Guidance from NHS Digital can be found [here](#).

Where a nominated EPS prescription is sent to a pharmacy who cannot supply the requested medication it can be returned to the spine provided that no part of the prescription has been dispensed. Pharmacies can print a copy of the token which the patient can then take to another pharmacy of their choice. There is no need for the practice to issue a new prescription.

We recognise that there is an issue currently with supply, and we are working closely with regional and national colleagues to establish what the options are. However, it is also our understanding that more stock will be released.

