



25th March 2022

Dear South West primary care colleagues,

Re: Increase in scarlet fever notifications and chickenpox cases

We are aware of a number of nurseries and schools currently experiencing cases of scarlet fever infections which are currently circulating in the community.

We are also aware of a number of other viruses and bacteria circulating at this time in the local area including chickenpox which can increase the risk of a more severe infection.

Clinicians should be mindful of a potential increase in invasive GAS (iGAS) infection which can follow trends in scarlet fever. It is important to maintain a high index of suspicion, especially in relevant patients (such as those with chickenpox, and women in the puerperal period). Early recognition and prompt initiation of specific and supportive therapy for patients with iGAS infection can be lifesaving.

Scarlet fever is a notifiable disease, and we would like to take this opportunity to remind practitioners of the signs and symptoms and the actions to be taken if you see a case.

Recommended actions

Suspected scarlet fever can be confirmed by taking a throat swab for culture of Group A streptococcus, although a negative throat swab does not exclude the diagnosis. Please consider taking a throat swab to:

- i) assist with differential diagnosis,
- ii) if you suspect that the patient may be part of an outbreak
- iii) if the patient is allergic to penicillin or
- iv) in regular contact with vulnerable individuals (e.g. healthcare worker)

Please prescribe antibiotics without waiting for the culture result if scarlet fever is clinically suspected.

Recommended antibiotics:

Choice	Drug	Age	Dose (by mouth)	Frequency and duration
1	Penicillin V*	<1m	12.5mg/kg (max 62.5mg)	Every 6 hours for 10 days
		1m to <1yr	62.5mg	
		1 to <6yrs	125mg	
		6 to <12yrs	250mg	
		12 to 18yrs	250-500mg	
		Adults	500mg	
2**	Azithromycin**	6m-<12yrs***	12mg/kg (max 500mg)	Once a day for 5 days
		12yrs and over	500mg	

*For children who are unable to swallow tablets, or where compliance to Penicillin V is a concern, Amoxicillin 50 mg/kg once daily (max = 1000 mg) or 25 mg/kg (max = 500 mg) twice daily may be used as an alternative

if allergic to penicillin *unlicensed indication

Please advise exclusion from nursery / school / work for 24 hours after the commencement of appropriate antibiotic treatment

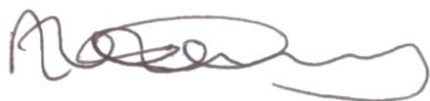
Please notify your Health Protection Team, with information on the school/nursery attended if relevant.

Cases and situations should be reported to UKHSA South West

Tel: 0300 303 8162 option 1

Email: swhpt@phe.gov.uk (inbox is monitored during 9-5 Monday-Friday)

Yours sincerely,



Alexa Gainsbury
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