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Dear Colleague,

Chickenpox and scarlet fever in children

I am writing to you today to draw your attention to the recent increase in routine childhood infectious diseases which we are currently observing across the country and specifically in the South West.

Over the two years of the COVID pandemic response, there has been a significant reduction in notifications of many other infections, some of which commonly presented in seasonal patterns. As we continue to relax restrictions and precautions put in place to prevent the transmission of COVID, we are likely to see an uptick in reported cases and some localised outbreaks in primary schools and childcare settings. Chickenpox and scarlet fever are routine childhood infections for which we are currently seeing some resurgence; both are considered to be common, mild and of low public health risk. However, as you will be aware, coinfection of both chickenpox and scarlet fever carries an increased risk of complications due to invasive Group A streptococcal (iGAS) infection. We have this week written to primary school headteachers and managers of early years settings to raise awareness of the current situation and guidance, including asking them to seek GP advice if they suspect their child has symptoms of scarlet fever.

Recommendations

- Scarlet fever is a notifiable disease and should continue to be reported to the UKHSA South West Health Protection Team through usual channels, providing information about the school or nursery attended if possible – this is particularly relevant where the case may have contacts who are considered to be at high risk of severe illness;
- Suspected scarlet fever can be confirmed by taking a throat swab for culture of Group A streptococcus (GAS), although it should be noted that a negative throat swab does not exclude the diagnosis. Please consider taking a throat swab:
 - to assist with differential diagnosis/microbiological confirmation;

- if you suspect that the patient may be part of an outbreak;
 - in regular contact with vulnerable individuals.
- Please also remain vigilant to other infections caused by Group A Streptococcus including impetigo and tonsillitis.
- Antibiotics should be prescribed **without** waiting for a culture result if scarlet fever is clinically suspected – guidance on the clinical management of suspected scarlet fever infections, including prescribing guidelines is available on the NICE Clinical Knowledge Summaries website: <https://cks.nice.org.uk/topics/scarlet-fever/management/management/>
- Parents should be advised to exclude suspected cases from school, nursery, work or childcare settings for 24 hours from commencement of appropriate antibiotic treatment, as well as given general advice on infection prevention and control – patient leaflets are available online at the link above.

We are grateful for your support in managing the current situation.

Yours sincerely,



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