



Our reference: HPZ193618

Re: Achievers Day Nursery Plymouth – Scarlet Fever and Chicken pox

Date 1st March 2018

Dear colleagues,

There is currently an outbreak of suspected scarlet fever and chickenpox at Achievers Day Nursery in Plymouth. You will be aware that concomitant infection of scarlet fever and chickenpox may lead to serious complications including invasive Group A Streptococcal infection. So please be vigilant if you are assessing any of these children.

If you see any children who attend this nursery with suspected scarlet fever we would be grateful if you could take a throat swab so that we can obtain urgent laboratory confirmation of *Streptococcus pyogenes*. We may then consider escalating our public health action. **Please label the sample with “Achievers Day Nursery HPZ 193618”.**

In any case, if you suspect scarlet fever, please prescribe the appropriate antibiotics and advise exclusion for 24 hours after commencement of 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

Signs and symptoms of scarlet fever

Scarlet fever is a common childhood infection caused by *Streptococcus pyogenes*, or group A streptococcus (GAS). **The symptoms are non-specific in early illness and may include sore throat, headache, fever, nausea and vomiting.** After 12 to 48 hours the characteristic red, generalised pinhead rash develops, typically first appearing on the chest and stomach, rapidly spreading to other parts of the body, giving the skin a sandpaper-like texture. On more darkly-pigmented skin, the scarlet rash may be harder to spot, although the 'sandpaper' feel should be present. Patients typically have flushed cheeks and pallor around the mouth. This may be accompanied by a 'strawberry tongue'. During convalescence desquamation of the skin occurs at the tips of fingers and toes, less often over wide areas of the trunk and limbs. The differential diagnosis will include measles, glandular fever and slapped cheek infections.

Complications of scarlet fever

Although scarlet fever is usually a mild illness, patients can develop complications such as an ear infection, throat abscess, pneumonia, sinusitis or meningitis in the early stages and acute glomerulonephritis and acute rheumatic fever at a later stage. Patients, or their parents, should keep an eye out for any symptoms which might suggest these complications and if concerned advised to seek medical help immediately.

Thank you for your help

If you have any queries please contact the SW(S) Health Protection Team on 0300 303 8162 (option 1, then option 1).

Yours faithfully,



Dr Fiona Neely

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Public Health England