

Directorate of Public Health  
Kings Cross Hospital  
Cleington Road  
Dundee  
DD3 8EA  
www.nhstayside.scot.nhs.uk



To:  
Dundee Local Authority  
Angus Local Authority  
Perth & Kinross Local Authority

Date 12 March 2014  
Your Ref  
Our Ref DC/BB/0335-mr  
Enquiries to Becky Bolger  
Extension 36987  
Direct Line 01382 596987  
Email rbolger@nhs.net

Dear Colleagues,

You may be aware that there has been an increase in the number of cases of scarlet fever within the Tayside area. This is in keeping with the seasonal trend where the disease is most common during late winter and spring.

### What is Scarlet Fever?

Scarlet fever is a bacterial disease caused by group A *Streptococcus*. These bacteria are found in the throat in about 5% of people, as part of the normal flora. They can cause a sore throat (though viral infections are the most frequent cause of sore throats). Scarlet fever occurs when the streptococcus produces a toxin which causes a red rash. It is mainly seen in children between the ages of two and eight.

### How is group A streptococcus spread?

The streptococci are spread via the secretions in the nose and throat of an infected individual when they cough or sneeze. Often, objects or the immediate environment can also become contaminated e.g. toys, shared towels, shared drinking/eating utensils.

The incubation period for scarlet fever is usually 2-5 days. Cases without symptoms are not usually considered infectious therefore exclusion of contacts e.g. siblings of confirmed scarlet fever cases is not necessary.

### Presentation

Scarlet fever often starts with a sore throat, headache, fever, nausea and vomiting. After 12 to 48 hours the characteristic fine red, sandpaper-like rash appears, typically starting on the trunk. A white coating on the tongue is often seen, which peels after a few days leaving the tongue red and swollen. This is commonly referred to as "strawberry tongue". Typically the rash does not appear on the face, although the child may appear "flushed" in the cheeks. During recovery, peeling of the skin on the fingers and toes is not uncommon.

### Preventing spread

Children / adults with scarlet fever should stay off school or work, and keep away from other group settings such as nursery and out of school activities. After the first 24 hrs of antibiotic treatment they would be considered to be non-infectious, and can return to work / school etc if well. If untreated, patients can remain infectious for 2-3 weeks.

*Working with you for better health and better care*  
Headquarters: Ninewells Hospital & Medical School,  
Dundee, DD1 9SY

Chairman, Mr Sandy Watson OBE DL  
Chief Executive, Ms Lesley McLay



**How to protect yourself and others:**

- Encourage children/staff to wash hands e.g. before preparing or eating food
- Encourage coughing/sneezing into disposable hankie, discarding after use and washing hands.
- Discourage sharing unwashed cups, cutlery, juice bottles etc
- Discourage shared towels
- If antibiotics prescribed, remain off school/nursery for 24hrs
- If untreated, patients can be infectious for 2-3 weeks
- People who have had contact with Scarlet Fever, but have no symptoms, do not require exclusion from school/nursery/work
- Staff who have been exposed do not need to take time off work unless they develop symptoms; scarlet fever is rare in adults

**Please note that Scarlet fever is NOT a notifiable disease in Scotland.**

Further reading:

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/guidelines/exclusion-criteria-childcare-A3-2011-12.pdf>

Yours faithfully

*AP Margaret Ramsay*

**Dr Daniel Chandler  
Consultant in Public Health Medicine**

Copied to: