



What is Scarlet Fever?

Scarlet fever, sometimes called scarlatina, is an infection caused by a bacteria called group A streptococcus which affects the throat. It tends to occur in children between the ages of 3-15 but anyone can be affected. People with scarlet fever usually have a fine sandpaper like rash, (caused by the production of toxins from the bacteria), which is deep red and most prominent on the cheeks, neck and tongue, but may also affect the chest, hands, arms or even the groin area. Unlike the rash of meningitis, this rash blanches with pressure. Other symptoms may include:

- A high fever
- A white coating on the tongue, which peels after a few days later leaving the tongue looking red and swollen (known as 'strawberry tongue')
- Swollen glands in the neck
- Feeling tired and unwell
- Flushed red face, but pale around the mouth
- Nausea or vomiting
- Peeling skin on the finger tips, toes and groin area as the rash fades.

How is Scarlet Fever spread?

The bacteria are carried in saliva in the mouth and mucus from a runny nose. It is spread from one person to another through droplets in the air as well as direct contact with infected secretions. This usually requires close and prolonged contact with an affected person. It is unusual to get scarlet fever after a short contact with someone who has the infection. People with scarlet fever are considered infectious (able to spread the infection to others) if they are unwell, or for 24 hours after they have started antibiotics. Therefore they should stay off of school or work for 24 hours after starting antibiotics.

How do you treat Scarlet Fever?

The family doctor should see your child and if he/she thinks it is scarlet fever, should prescribe an antibiotic for 7-10 days depending on how sick your child is. Other children and contacts do not require treatment to prevent them from getting sick, but you should take them to the doctor if they also become unwell.

Can Scarlet Fever be prevented?

There is no vaccine against the streptococcus bacteria that causes scarlet fever. Affected children should not attend school until they are better and have had at least 24 hours of antibiotics.

Contacts should be encouraged to wash hands often and avoid sharing eating utensils. All handkerchiefs and tissues contaminated with mucus from someone with scarlet fever should be disposed of immediately.

Are there any complications?

The vast majority of cases of scarlet fever have no complications at all. Very occasionally, one of the following complications can occur:

Early

Ear infection
Throat abscess
Pneumonia
Inflammation of the sinuses (Sinusitis)
Meningitis

Late

Bone or joint problems
Liver damage
Kidney damage
Acute rheumatic fever (which can damage the heart)
Watch out for any symptoms that might suggest these complications in the first few weeks after the main infection has cleared up.
If you have had scarlet fever you are unlikely to get it again.

Public Health England and Scarlet Fever

We provide advice on controlling outbreaks. We look for the source of the infection, so that we can help to prevent other people from becoming infected. We also provide advice on screening those who may be affected and provide analysis of samples in our specialist laboratories.

Where can I obtain further information?

More information about Public Health England and about scarlet fever is available on our website www.gov.uk/phe

Further advice can also be obtained from the Health Protection Team on 0203 837 7084 during office hours.

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