

Hackney Education Briefing - UKHSA scarlet fever and chickenpox outbreaks in England

April 2022

1. Purpose

- 1.1. Following notification from the UK Health Security Agency (UKHSA) on 25 April 2022, Hackney Education has been made aware of the recent increase in childhood infectious diseases across the county and in London.
- 1.2. This briefing provides schools and settings with practical guidance on infection prevention and control, managing infections, exclusion advice and actions to take in the event of an outbreak.

2. Context and supporting information

- 2.1. Chickenpox and scarlet fever are two routine childhood infections which are currently seeing some resurgence; both are considered to be common, mild and of low public health risk. However, coinfection of both chickenpox and scarlet fever carries an increased risk of complications, due to invasive infection and requires more proactive management to prevent or mitigate the risk of severe disease.

3. Scarlet fever

- 3.1. Scarlet fever occurs most often in the winter and spring. Symptoms include a rash, a sore throat, flushed cheeks and swollen tongue. This is a highly contagious and [notifiable disease](#) in England and Wales; it is spread by close contact with someone carrying the bacteria and takes around 2 to 5 days to develop symptoms after exposure to these bacteria.
- 3.2. Scarlet fever is spread via the mucus and saliva of infected people. It can also be caught from sharing drinking glasses, plates or utensils they have used.
- 3.3. People of all ages can catch scarlet fever, but the disease is much less common in adults. To protect staff and pupils from getting the illness they should be encouraged to:
 - regularly wash hands with soap and water
 - avoid sharing eating utensils with an infected person
 - wash, or dispose of, handkerchiefs and tissues contaminated by an infected person
 - be aware that scarlet fever can be caught by inhaling contaminated airborne droplets, if someone with the illness coughs or sneezes in close proximity

4. Chickenpox

- 4.1. Chickenpox is an acute, infectious disease caused by the varicella-zoster virus (VZV) and is most commonly seen in children under 10 years old. This infection has a sudden onset with fever, runny nose, cough and a generalised rash. Some children have only a few spots, but other children can have spots that cover their entire body. In most children, the blisters crust up and fall off naturally within one to 2 weeks.
 - 4.1.1 This virus can also cause shingles (herpes zoster) which tends to be more common in adults. The disease can be more serious in adults, particularly pregnant women and those with a weakened immune system.
- 4.2. Chickenpox is not a [notifiable disease](#) in England and Wales.

5. Infections in educational settings

- 5.1 Childhood infections are common and for most children and young people the risk of severe disease is low. Infections can be acquired at home or in the community and brought into educational settings or acquired and spread within the setting.
- 5.2 In most situations, schools and settings do not need to contact the UKHSA London Health Protection Team (HPT) about cases of chickenpox in their setting. Routinely, outbreaks (two or more cases) of scarlet fever should be reported to the HPT so that the appropriate support can be provided, including advising parents to take children to the GP for antibiotic treatment where required.

6. Infection control and prevention

- 6.1 Germs are spread during the infectious period and for some diseases such as chicken pox, this can be before the person affected shows any symptoms. Infection prevention and control measures aim to interrupt the chain of transmission, therefore, schools and settings are advised to take a proactive and preventive approach.
- 6.2 Further details on infection prevention and control can be found [here](#).

7. Classification of an outbreak

- 7.1 An outbreak or incident may be defined in epidemiological terms as:
- 7.1.1 an incident in which 2 or more people experiencing a similar illness are linked in time or place; or
- 7.1.2 a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

8. What to do if you suspect an outbreak

- 8.1 All settings should have in place baseline infection prevention and control measures that will help to manage the spread of infection. If an outbreak or incident is suspected, schools and settings should review and reinforce the baseline infection prevention and control measures they already have in place.
- 8.2 In the event of a suspected outbreak, schools and settings should:
- encourage all staff and students who are unwell not to attend the setting. Further guidance on the management of specific infectious diseases, including advised exclusion periods can be found below (paragraph 9).
 - ensure all eligible groups are enabled and supported to take up the offer of national immunisation programmes
 - ensure occupied spaces are well ventilated and let fresh air in reinforcing good hygiene practices such as frequent cleaning
 - consider communications to raise awareness among parents and carers of the outbreak or incident and to reinforce key messages, including the use of clear hand and respiratory hygiene measures within the setting
- 8.3 Settings or parents or carers may wish to speak to their health visitor or school nurse about the support they can offer.

9. Exclusion periods

- 9.1 Prompt exclusion of children, young people and staff who are unwell with an infectious disease is essential to preventing the spread of infection.
- 9.2 Chickenpox: Any child with chicken pox should be sent home. It is advised to keep children and staff away from educational settings for at least 5 days from onset of rash and until all blisters have crusted over.
- 9.2.1 It is important to ensure that anyone who is at higher risk (pregnant women, newborn babies, and people with a weakened immune system) seek medical advice as soon as they are exposed to chickenpox or if they develop chickenpox symptoms.
- 9.3 Scarlet fever: Exclude until 24 hours after starting antibiotic treatment. A person is infectious for 2 to 3 weeks if antibiotics are not administered. In the event of 2 or more suspected cases, please contact your UKHSA HPT.
- 9.4 All settings should have a local policy for the appropriate removal of staff, children and young people while they are likely to be infectious. The procedure for contacting parents and/or carers when children become unwell at the setting should be followed accordingly.
- 9.4.1 If a parent or carer insists on a child with symptoms attending your setting, where they have a confirmed or suspected case of an infectious illness, you can take the decision to refuse the child if, in your reasonable judgement, it is necessary to protect other children and staff from possible infection. For some infections, individuals may be advised to remain away from a setting for a longer period of time. This will be advised by your HPT.
- 9.5 A useful checklist poster can be accessed [here](#).

10. When to seek advice from your UKHSA health protection team

- 10.1 Most infectious diseases in educational settings can be managed by following the outbreak guidance and ensuring children, young people and staff follow the recommended exclusion periods.
- 10.2 Schools are to ensure they contact their local UKHSA London Health Protection Team promptly if:
- There is a chickenpox outbreak at the same time as case(s) of scarlet fever; and/or
 - There is evidence of severe disease - for example, a child is admitted to hospital.
- 10.3 You can find the contact details of your local UKHSA HPT on [GOV.UK](#).

11. Conclusion

- 11.1 Good infection prevention and control - maintaining an ongoing emphasis on environmental cleaning, hand and respiratory hygiene, and ensuring staff and children who are unwell remain away from the setting, will help reduce transmission of most infections within your setting.

11.2 Further advice and guidance can be found online [here](#), including updated advice on managing COVID-19 and other common childhood infections: