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Dear Parents and Carers of the pupils in Plum Class,

We have been made aware of a case of an invasive group A streptococcal infection that presented over Easter holidays from our nursery. I understand that this will cause some alarm but I am pleased to say that the child is recovering well. We have been asked by UK Health Security Agency South East to send this letter and fact sheet for you to look for signs and symptoms.



Dear parent or Guardian,

A child who attends your child's school or nursery has developed invasive group A streptococcal infection. Group A streptococcus are bacteria that can be found in the throat and on the skin. People may carry group A streptococcus and have no symptoms of illness or may develop infection.

This letter gives you some information about the disease, including the signs and symptoms to look out for. There is no reason to make any changes in the school or nursery routine and no reason for children to be kept at home if well.

The most common group A streptococcal infections are mild: sore throats (strep throat), mild fever and minor skin infections (impetigo, scarlet fever). If your child has any of these symptoms in the next 30 days we advise that you take them (along with this letter) to see their GP. Their GP can arrange for the child to be tested if necessary and then treated with antibiotics if the GP thinks they have a group A streptococcal infection. If the GP thinks that the child has group A streptococcal infection, the child will need to remain off school or nursery for 24 hours following the start of the antibiotics.

In very rare cases, for example when chickenpox infection is also present, group A streptococcal infection can be more serious and cause more severe and even life-threatening diseases known as invasive group A streptococcus. Although the risk of another case of invasive disease in the school or nursery is very small, it is important to be aware of the signs and symptoms of invasive group A streptococcal infection, which are detailed below:



- high fever
- severe muscle aches
- localised muscle pain
- increasing pain, swelling or redness at the site of a wound
- unexplained diarrhoea or vomiting

If someone in your family or household becomes ill with some of these signs or symptoms, please immediately attend A&E (with this letter) for emergency assessment.

We have enclosed a factsheet on infections with group A streptococcus for your information.

Further information is also available online.

Yours sincerely,

The South East Health Protection Team UK Health Security Agency South East

# Factsheet 1. Invasive group A streptococcal infection (iGAS)

#### Group A streptococcus (GAS)

Group A streptococcus (GAS) – also known as Streptococcus pyogenes – are bacteria that can be found in the throat and on the skin. People may carry GAS and have no symptoms of illness or may develop infection.

#### How GAS is spread

Streptococcus bacteria survive in throats and on skin for long enough to allow easy spread between people through sneezing and skin contact. People who are currently carrying GAS in the throat or on the skin with no symptoms of illness are described as colonised. Both individuals who are colonised with GAS or who are unwell with a GAS infection can pass these bacteria on to others.

#### Kinds of illnesses caused by GAS

Most GAS illnesses are relatively mild such as 'strep throat', scarlet fever or a skin infection such as impetigo. However, on rare occasions, these bacteria can cause other severe and even life-threatening diseases.

#### Invasive group A streptococcal (iGAS) disease

Although rare, life-threatening GAS disease may occur when bacteria get into parts of the body where bacteria usually are not found, such as the blood or muscle. These infections are called invasive group A streptococcal (iGAS) disease. Two of the most severe, but rare, forms of iGAS disease are necrotising fasciitis and streptococcal toxic shock syndrome. Necrotising fasciitis

destroys muscles, fat, and skin tissue. Streptococcal toxic shock syndrome causes blood pressure to drop rapidly and organs (for example, kidney, liver, lungs) to fail.

### Why iGAS disease occurs

iGAS infections occur when the bacteria get past the defences of the person who is infected. This may occur when a person has sores or other breaks in the skin that allow the bacteria to get into the tissue, or when the person's ability to fight off the infection is decreased because of chronic illness or an illness that affects the immune system. Although healthy people can get iGAS disease, people with chronic illnesses (such as cancer, diabetes, heart disease), and individuals who are pregnant or have recently given birth, have a higher risk.

#### How common is iGAS?

iGAS disease is rare. There are 2 to 4 cases per 100,000 population annually.

### Risk of getting iGAS disease from close contact with a relative or household contact

Most people who come into contact with GAS remain well and symptom-free, or develop mild throat or skin infections. Healthy people can get iGAS disease from a relative or a member of their household who has been ill or is colonised with GAS but it is very rare.

### Whether contacts of a case require treatment

Contacts of an iGAS case do not usually require any treatment, and it is rare for contacts to develop symptoms. However, some household contacts may be offered antibiotics if they are pregnant (≥37 weeks), elderly (75 years or older), have chickenpox, or are a newborn baby (under 1 month). If someone else in the household experiences any symptoms of a GAS infection such as sore throat, skin infection or fever within 30 days of the first case, they should also contact their doctor promptly, and may require antibiotics.

## What do I need to be aware of?

The most important thing to be aware of are the early signs and symptoms of iGAS disease which are shown below.

## Early signs and symptoms of invasive group A streptococcal (iGAS) disease Early symptoms include:

• high fever

- severe muscle aches
- localised muscle tenderness
- increasing pain, swelling and redness at site of wound
- unexplained diarrhoea or vomiting

## What to do if I develop any of these symptoms

If you develop any of these symptoms, you should seek medical advice immediately. Tell the doctor that you have been in contact with someone recently diagnosed with iGAS disease and that you have developed some symptoms that you are worried about. It is very likely that the doctor will ask you to come into the surgery so they can examine you. Take this leaflet with you.

The UKHSA guidance on group A streptococcal disease in contacts is available for your doctor <u>online</u>.

Good infection control measures such as effective hand hygiene, good general cleaning and careful handling of soiled household linens such as bedding, and towels reduce the risk of cross infection.

Most people who come into contact with GAS remain well and symptom-free or develop mild throat or skin infections. Contracting iGAS disease from a household member is very rare.

If you have any questions about this leaflet you can contact the South East Health Protection Team on 0344 225 3861 Mon-Fri 9am-5pm. The <u>severe streptococcal infection and necrotising</u> <u>fasciitis support group</u> can be contacted online.

Please do not hesitate to contact us if you have any questions at all.

Yours sincerely

Sarah Gordon-Weeks Principal