**Briefing Note:**

**Group A Strep (GAS)**

**FCAT | All Academies | All Staff**

Published 6th December, 2022.

This base document was created on 6th December 2022 and will be updated as further guidance is issued.

You can view previous published versions by checking the file history.

This document reflects the latest NHS, UKHSA (United Kingdom Health Security Agency), and Government information and advice.

**This document has been created for general information and reassurance purposes, and will remain under review.**

# What is a Strep infection?

These infections are caused by several strains of bacteria - the most common are streptococcus A and streptococcus B.

# What is Group A Strep (GAS)

Most group A streptococcal (GAS) bacteria cause skin and throat infections, including:

* strep throat (sore throat)
* tonsillitis (severe throat infection)
* scarlet fever (infection causing sore throat, fever and rash)
* impetigo (infection of the skin producing pus-filled blisters)
* cellulitis (infection of the skin, fat and underlying tissues)
* erysipelas (inflammation of the upper layers of the skin)

While infections like these can be unpleasant, they rarely become serious. When treated with antibiotics, an unwell person with a mild illness like tonsilitis stops being contagious around 24 hours after starting their medication.

Group A streptococcal bacteria can get into the blood, deep muscle or fat tissue and cause what are known as **invasive streptococcal A (iGAS) infections.** This can happen when a person has sores or open wounds that allow the bacteria to get into the tissue, breaches in their respiratory tract after a viral illness, or in a person who has a health condition that decreases their immunity to infection. When the immune system is compromised, a person is more vulnerable to invasive disease. These can include

* necrotising fasciitis (death of tissue under the skin)
* streptococcal toxic shock syndrome (infection causing low blood pressure and injury to organs such as the kidneys, liver and lungs)
* bacteraemia (blood infection)
* endocarditis (heart lining infection)
* meningitis (brain and spinal cord inflammation)
* peritonitis (intestinal inflammation)
* urinary tract infection

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# What are the symptoms?

Streptococcal bacteria cause a wide range of infections. Each infection produces different symptoms.

Symptoms of the most common streptococcal infection - strep throat - include:

* sore, red throat
* fever, headache
* swollen lymph nodes (lumps) in the neck and under the jaw

Although necrotising fasciitis is rare, it can be particularly serious. The early symptoms of necrotising fasciitis and other severe invasive streptococcal infections often include several of the following combined:

* minor cut or injury to the skin that usually appears infected
* pain in the general area of the injury
* pain that is more severe than would be normal with a minor cut or injury
* flu-like symptoms, such as diarrhoea, nausea, fever, confusion, dizziness and weakness
* intense thirst

Anyone experiencing several of these symptoms at once should seek quick medical attention.

# Transmission

Streptococcal bacteria are spread by person-to-person contact with someone with an infection or less likely a carrier.

Streptococcal bacteria can also spread in droplets from the nose or throat of someone with an infection.

Occasionally, streptococcal bacteria can enter the body in food contaminated with the bacteria - usually milk and milk products, and eggs.

Invasive streptococcal infections develop when bacteria get past the body's natural defences such as a break in the skin. Health conditions that reduce immunity to infection make invasive infections more likely, so people with chronic illnesses like cancer, diabetes and kidney disease, and those who use medications such as steroids, are at greater risk.

The spread of bacteria can be reduced by good hand washing, especially after coughing and sneezing, before preparing foods and before eating.

Cuts, grazes and other wounds should be kept clean and watched for signs of infection, including swelling, redness, pus and pain in the area of the wound. An individual with any of these signs, should call 111 or visit their GP.

# When to seek help and advice

Parents should trust their judgement when their child is poorly. They should speak to their GP or call 111 if their child is poorly and getting worse.

### Parents should contact NHS 111 or their GP if their:

* child is getting worse
* child is feeding or eating much less than normal
* child has had a dry nappy for 12 hours or more or shows other signs of dehydration
* baby is under 3 months and has a temperature of 38C, or is older than 3 months and has a temperature of 39C or higher
* baby feels hotter than usual when you touch their back or chest, or feels sweaty
* child is very tired or irritable

### Parents should always call 999 or go to A&E if their child:

* is having difficulty breathing - such as grunting noises or their tummy sucking under their ribs
* pauses when they breath
* has blue skin, tongue or lips
* Is floppy and will not wake up or stay awake

# Prevention

Good hand and respiratory hygiene are important for stopping the spread of many bugs. By teaching your child how to wash their hands properly with soap and warm water for 20 seconds, using a tissue to catch coughs and sneezes, and keeping away from others when feeling unwell, they will be able to reduce the risk of picking up, or spreading, infections.

# What happens if we have a suspected case in our setting?

## Diagnosis

The symptoms above may indicate a Strep infection but formal diagnosis requires a swab test. If you suspect a case the individual should be sent home and follow the latest advice.

## Cleaning & Mitigation

Current cleaning regimes are deemed sufficient, however in areas identified to have had either suspected or confirmed cases, enhanced cleaning measures will be implemented to reduce the risk of transmission. This may include additional fogging of spaces and resources, and in some cases removal of some soft furnishings.

## Infection Prevention and Control

Prevention of transmission of infection by respiratory and contact routes is required so any suspected or confirmed cases will be required to remain off school or work and seek treatment. All FCAT Academies have stocks of PPE which should be worn when dealing with suspected or confirmed cases. Staff should be additionally vigilant around the risks posed by cuts and grazes, especially when dealing with first aid related incidents and gloves and other PPE should always be worn when providing treatment. Hard surfaces and contact points should be wiped down at regular intervals with approved cleaning agents and disposable wipes. For extra reassurance the electrostatic mist devices can be used at the end of the academy day.

# DFE Guidance & School Closure

There is no suggestion at this time that cases will result in closure of either classes or settings, however as always, local public health officials have the mandate to take whatever action is required in the event of an outbreak of any infectious disease.

Currently the DFE has issued no education specific guidance relating to GAS.

# Do staff or pupils have to isolate?

Most GAS cases will be treated with a course of antibiotics and allowed to return to their setting 48 hours after the start of treatment if they feel well enough. There is currently no specific advice for close contacts of a case other than increased vigilance and awareness of symptoms.

# Pupil Absence Coding

Currently Strep related cases should be coded as any other sickness absence.

# Review and Response

The measures in place will be under review as further guidance is issued by UKHSA and central Government.

We remain prepared to respond to any rise in cases by reverting to the more direct mitigation measures and intervention strategies. Any such decision will be taken in collaboration with our local Public Health Professionals.

You can read the latest Government guidance on epidemiology, symptoms, diagnosis and management of GAS infections on [gov.uk here](https://www.gov.uk/government/news/ukhsa-update-on-scarlet-fever-and-invasive-group-a-strep).

Sources used for this guidance: UKHSA Blog published 05/12/22 - https://ukhsa.blog.gov.uk/2022/12/05/group-a-strep-what-you-need-to-know

**Appendix 1 - GAS Vigilance Letter for Parents**

**Local Health & Safety Measures**

**FCAT | All Academies | Public**

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Dear Parent/ Carer

You will have heard updates on the news regarding an increase in cases of Group A Strep (GAS) and Scarlet fever. Whilst this news is concerning and requires vigilance and attention to the health of ourselves and our children, I wanted to take this opportunity to write to you in the hope that the following information provides you with information and reassurance.

### What is Group A Strep (GAS)?

GAS is a common bacteria which causes a range of infections including scarlet fever. These infections are usually mild.

### What is Invasive Group A Strep (iGAS)

In rare occasions, this can cause a rare, more serious infection called Invasive Group A Strep (iGAS). This occurs when the GAS bacteria gets into parts of the body where it causes serious disease, like in the lungs or bloodstream.

### What should parents look out for?

It’s always concerning when a child is unwell. GAS infections cause various symptoms such as sore throat, fever, chills and muscle aches.

It's fine to send your child to school with a minor cough or common cold, these are not symptoms of GAS. But if they have a fever, keep them off school until the fever goes, unless further symptoms develop associated with GAS or iGAS, when you should seek medical attention.

You can still send your child to school if they have a sore throat. But if they also have a high temperature, they should stay at home until it goes away, unless further symptoms develop associated with GAS or iGAS, when you should seek medical attention.

A sore throat and a high temperature can be symptoms of tonsillitis.

### When should I keep my child off school?

As a parent, if you feel that your child seems seriously unwell, you should trust your own judgement.

**A high temperature or fever** - you should keep them off school until it goes away.

**Impetigo** - They will need treatment from a GP and kept off school until all the sores have crusted over and healed, or for 48 hours after they start antibiotic treatment.

**Scarlet Fever** - If your child has scarlet fever, they'll need treatment with antibiotics from a GP. Otherwise they'll be infectious for 2 to 3 weeks. Your child can go back to school 24 hours after starting antibiotics.

**Vomiting and diarrhoea** - Children with diarrhoea or vomiting should stay away from school for 2 days after their symptoms have gone.

**Contact NHS 111 or your GP if:**

* your child is getting worse
* your child is feeding or eating much less than normal
* your child has had a dry nappy for 12 hours or more or shows other signs of dehydration
* your baby is under 3 months and has a temperature of 38C, or is older than 3 months and has a temperature of 39C or higher
* your baby feels hotter than usual when you touch their back or chest, or feels sweaty
* your child is very tired or irritable

**Call 999 or go to A&E if:**

* your child is having difficulty breathing – you may notice grunting noises or their tummy sucking under their ribs
* there are pauses when your child breathes
* your child’s skin, tongue or lips are blue
* your child is floppy and will not wake up or stay awake

There is no specific guidance for close contacts other than monitoring their own health for any of the above symptoms and seeking medical advices through 111 or their GP if required.

### Prevention

I recognise that this news will cause you concern, however we are confident in the systems and processes we have put in place to safeguard the health and wellbeing of your children and our staff. It is vital that you monitor the health of your child and do not send them into school if they have any of the symptoms of GAS or iGAS and take the following actions to prevent transmission:

* wash your hands with soap and water often – do this for at least 20 seconds
* use hand sanitiser gel if soap and water are not available
* wash your hands as soon as you get home
* cover your mouth and nose with a tissue (not your hands) when you cough or sneeze
* put used tissues in the bin immediately and wash your hands afterwards
* Cover open cuts or lesions with plasters or dressings

This letter is being sent as a precaution, and to make sure you have the information available from Government agencies. We will continue to monitor the latest guidance and update you as appropriate. This guidance has been taken from the UKHSA blog (<https://ukhsa.blog.gov.uk/2022/12/05/group-a-strep-what-you-need-to-know>) and NHS (https://www.nhs.uk/live-well/is-my-child-too-ill-for-school).