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Dear Parents/Carers,

Further to last week's email regarding scarlet fever, I am writing to inform you that three classes continue to be affected. In school, we are following advice from UK Health Security Agency for infection control for limiting transmission.

The classes currently affected are Jays, Owls and Robins where a small number of pupils have been diagnosed with suspected or confirmed scarlet fever. I am sending this letter to all parents in case the number of cases rises in other classes.

Although scarlet fever is usually a mild illness, it should be treated with antibiotics to minimise the risk of complications and reduce the spread to others.

The symptoms of scarlet fever include a sore throat, headache, fever, nausea and vomiting. This is followed by a fine red rash which typically first appears on the chest and stomach, rapidly spreading to other parts of the body. On more darkly pigmented skin, the scarlet rash may be harder to spot, but in all cases it should feel like 'sandpaper'. The face can be flushed red but pale around the mouth.

If you think your child, has scarlet fever:

- see your GP (please remember to take this letter with you) or contact NHS 111 as soon as possible
- make sure that your child takes the full course of any antibiotics prescribed by the doctor.
- Keep them at home, away from nursery, school or work until at least 24 hours after starting the antibiotic treatment, to avoid spreading the infection.

Complications

Children who have had chickenpox or influenza ('flu) recently are more likely to develop more serious infection during an outbreak of scarlet fever and so parents should remain vigilant for symptoms such as a persistent high fever, cellulitis (skin infection) and arthritis (joint pain and swelling). If you are concerned for any reason, please seek medical assistance immediately.

If your child has an underlying condition which affects their immune system, you should contact your GP or hospital doctor to discuss whether any additional measures are needed.

Invasive Group A Strep (iGAS)

The same bacteria which cause scarlet fever can also cause a range of other types of infection such as skin infections (impetigo) and sore throat. In very rare cases, the bacteria can get into the bloodstream and cause an illness called invasive group A strep (iGAS). Whilst still very uncommon, there has been an increase in iGAS cases this year, particularly in children under 10 years old. It is very rare for children with scarlet fever to develop iGAS infection.

As a parent, you should trust your own judgement.



Contact NHS 111 or your GP if:

- your child is getting worse
- your child is feeding or eating much less than normal
- your child 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 child 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

You can find more information on influenza and scarlet fever on NHS choices: www.nhs.uk

Yours sincerely



Alison Higgins