



24th March 2022

Dear Parent/Carer(s)

Re: Scarlet Fever

This letter is to let you know that we have a small number of children that have been diagnosed with scarlet fever.

We have discussed the situation with the Local Health Protection Team and are writing to provide you with advice and further information.

Scarlet fever is usually a mild illness but spreads very easily, 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. The face can be flushed red but pale around the mouth. On more darkly-pigmented skin, the scarlet rash may be harder to spot, but it should feel like 'sandpaper'.

You should contact your GP or NHS111 as soon as possible if you suspect that you or your child may have scarlet fever. Please ring beforehand so they can make sure you do not pass the disease to others in the waiting room.

A person with scarlet fever is infectious and will require at least 24 hours of antibiotics prior to returning to school. It is important that the full course of antibiotics is completed.

Complications

Children who have had chickenpox recently can develop a more serious infection, please remain vigilant for symptoms such as a persistent high fever, cellulitis (skin infection) and arthritis (joint pain and swelling). If you are concerned 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.

If you are pregnant there is no evidence to suggest that getting scarlet fever during pregnancy will harm your baby. However, you should contact your GP or midwife for further advice if you have had contact with anyone with a rash.

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More information on scarlet fever can be obtained from: <https://www.nhs.uk/conditions/scarlet-fever/>

Yours sincerely

T Skeggs

TERESA SKEGGS
Headteacher.



PHE East of England
Health Protection Team
www.gov.uk/bhe

Streptococcal infections (Scarlet fever, impetigo, etc)

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Version 2

The term streptococcal infections, covers a variety of diseases caused by certain bacteria called group A streptococci (strep). The commonest conditions are sore throat, and impetigo, which is a skin disease.

Sore throat is also caused by many other organisms, the commonest being viruses.

Scarlet fever usually follows a sore throat (strep throat) or skin infection (impetigo) caused by particular strains of group A strep. The scarlet fever rash occurs when the bacteria release toxins that make the skin go red.

You will only develop the symptoms of scarlet fever if you are susceptible to the toxins. Scarlet fever tends to be most common in winter and spring and commonly affects children aged between two and eight.

What are the symptoms?

It takes around one to four days to develop symptoms after being infected.

Sore throat: The throat feels sore and there may be fever, headache and enlarged tonsils with pain on swallowing.

Impetigo: The skin lesions consist of blisters and thick, yellow-brown crusts, which scab and then fall off leaving no scars. They usually start on the face, around the nose or mouth, and may spread to other parts of the body.

Scarlet fever: The symptoms of a sore throat develop and, after 12 - 48 hours, a rash that looks like sunburn (it feels like sandpaper to touch) appears. Typically, this first appears on the chest and stomach but soon spreads to other parts of the body. It may itch and is usually accompanied by other symptoms such as swollen neck glands, headache, nausea, fever and generally feeling unwell.

There may be flushing of the cheeks and a white coating on the tongue, which peels a few days later leaving the tongue 'strawberry red' and swollen.

The rash lasts for six days and then fades. Outer layers of skin, usually on the hands and feet, may peel for up to six weeks after the rash has faded.

There is no evidence that catching scarlet fever when pregnant will put your baby at risk. However, pregnant women should inform healthcare staff if they are in contact with streptococcal infections, such as scarlet fever, around the time of their delivery.

If you think you/your child may have a streptococcal infection, speak to your GP.

If you/your child feel very unwell with high fever, severe muscle aches, diarrhoea or vomiting, seek urgent medical help to rule out other more serious infections caused by these bacteria, which can be easily treated if caught early.

How are these infections treated?

- The infections are treatable with antibiotics, usually taken for 10 days. It is important to take the full course of prescribed antibiotics.
- Most people recover after four to five days

How does spread occur?

The disease is very contagious and can be caught by:

- breathing in the bacteria in airborne droplets from an infected person's coughs and sneezes
- direct or close contact with infected persons or persons carrying the bacteria in their nose, throat or on the skin
- sharing contaminated towels, baths, clothes or bed linen
- sharing contaminated drinking glasses, plates or other utensils.

It can also be spread by people who have the bacteria in their throat but do not show any symptoms (they are known as carriers).

How can infection be prevented?

- If your child has an infection, do not let them go to school/nursery and keep them away from other people until they have been on treatment for 24 hours.
- Bacteria can be transmitted by touching someone with a streptococcal skin infection or by sharing contaminated eating utensils, cups and glasses, clothes, baths, bed linen or towels. Don't share these items.
- All tissues and handkerchiefs that someone with scarlet fever has coughed or sneezed into should be washed or disposed of immediately.
- Good personal hygiene, especially hand washing, is important. Wash your hands thoroughly with soap and water, especially if you have touched any contaminated items.

Complications

Scarlet fever can be complicated by chickenpox. Children who have had chickenpox recently are more likely to develop more serious infection during an outbreak of scarlet fever. Parents therefore 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.