

11th March 24

Re: Scarlet Fever

Dear Parents/Carers,

We are still having an increase in children being diagnosed with suspected and confirmed scarlet fever. Following the increase in cases, I have been in contact with West Midlands Health Protection Team again this morning. They have reported they are seeing a circulation of cases of scarlet fever in communities.

However, they are not concerned with our rise in cases, as they have said this is the time of year that children are more prone to this illness.

They have advised that I send the guidance out again to you and ask that you support us with good hygiene practice with your children at home. We will be reinforcing this message in school with all children.

In addition, we have been and will continue to carry out extra cleaning before and after school and have also been carrying out and will continue to carry out touch point cleaning at lunchtimes.

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. We encourage parents to keep their child at home and go to the GP if they suspect scarlet fever in order to try to minimise spread.

The symptoms of scarlet fever include a sore throat, headache, fever, nausea and vomiting. This is followed by a fine, rash which typically first appears on the chest and stomach, rapidly spreading to other parts of the body. On white skin the rash looks pink or red. On brown and black skin, it might be harder to see a change in colour, but you can still feel the sandpaper-like texture of the rash and see the raised bumps. The face can be flushed red but pale around the mouth.

If you think you, or your child, have scarlet fever:

- see your GP or contact NHS 111 as soon as possible.
- make sure that you or your child takes the full course of any antibiotics prescribed.
- by the doctor
- stay at home, away from nursery, school or work for at least 24 hours after starting the antibiotic treatment, to avoid spreading the infection.

The infection causing scarlet fever (group A streptococcal infection) also causes sore throats (strep throat), mild fever and minor skin infections (for example, impetigo). If someone in your family 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 them 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 person has group A streptococcal infection, they will need to remain off work, school or nursery for 24 hours following the start of the antibiotics.

Complications

Children who have had chickenpox recently are more likely to develop more serious infection should they catch scarlet fever and so parents should remain vigilant for symptoms such as a persistent high temperature, skin infection and 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.

You can find more information in on scarlet fever symptoms, diagnosis and treatment at <https://www.gov.uk/government/publications/scarlet-fever-symptoms-diagnosis-treatment>.

If you need any further information or support, do not hesitate to reach out.

Yours sincerely

Mrs N Johnson
Headteacher

Useful further reading. Click on these links:

Should I keep my child off school/nursery [Should I keep my child off school checklist poster \(publishing.service.gov.uk\)](#)

Sore throat (strep throat or [tonsillitis](#))

Scarlet fever ([scarlet fever](#))

Scabs and sores ([impetigo](#))

Pain and swelling ([cellulitis](#))

Group A Strep [Strep A - NHS \(www.nhs.uk\)](#)

Chicken pox [Chickenpox - NHS \(www.nhs.uk\)](#).

Cold and flu-like illness, including COVID-19 [Respiratory tract infections \(RTIs\) - NHS \(www.nhs.uk\)](#)