

SCARLET FEVER

Dear Parent / Carer

A case of Scarlet Fever has been reported in Year 1. The school must notify Thames Valley HPT if two or more cases occur. Please find below some helpful information regarding Scarlet Fever. Please do take your child to the doctor if they have the symptoms described and let us know if they are diagnosed with the illness.

Background

It is highly contagious infection and bacteria are spread through inhaling or ingesting tiny droplets or by direct contact with nose and throat discharges, especially during sneezing and coughing. It was once a dangerous disease but is easily treatable with antibiotics and so has become less common and less serious; however between 2000 and 4000 cases are still diagnosed each year in England. Scarlet fever is now usually a mild illness but is rarely complicated by ear infections, rheumatic fever which affects the heart, and kidney problems. In very rare cases the Streptococcus bacteria that cause scarlet fever can cause more a more serious invasive infection known as iGAS (invasive group A Streptococcal infection). Evidence suggests that chickenpox is the most common risk factor for iGAS disease in children¹ .

Symptoms

A rash develops on the first day of fever, it is red, generalised, pinhead in size and gives the skin a sandpaper-like texture and the tongue has a strawberry-like appearance. The fever lasts 24 to 48 hours. The tonsils may be deep red in colour and partially covered with a thick yellowish exudate. The illness symptoms vary but in severe cases there may be high fever, difficulty in swallowing and tender enlarged lymph nodes.

Advice for parents

Parents should look out for scarlet fever symptoms, which include a sore throat, headache and fever with a characteristic fine, pinkish or red rash with a sandpapery feel. If signs of scarlet fever are suspected, it is important to contact your local GP or NHS 111. Early treatment with antibiotics is important and can help reduce the risk of complications such as pneumonia and the spread of the infection. Children or adults diagnosed with scarlet fever are advised to stay at home until at least 24 hours after the start of antibiotic treatment to avoid spreading the infection to others.

Exclusion

Children who have been diagnosed with scarlet fever can return to school 24 hours after commencing appropriate antibiotic treatment. If no antibiotics have been administered the person will continue to be infectious for 2 to 3 weeks.

Yours sincerely

Mr. P. Thorne

Headteacher