

Head Teacher: Mrs. J. Kellett  
Deputy Head Teacher: Miss A. Hughes  
Deputy Head Teacher: Miss J. Bailey

1<sup>st</sup> March 2024

Dear Parent / Guardian

### Re: Scarlet Fever

We have been informed that a small number of children who attend Queen's Park have been diagnosed with scarlet fever. UK Health Security Agency North West Health Protection Team advise that 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.

#### Symptoms of scarlet fever:

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, and giving the skin a sandpaper-like texture. 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/your child takes the full course of any antibiotics prescribed by the doctor.
- Stay at home and 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.

*"From a child how he should live and he will remember it all his life."*

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.

**Potential complications:**

Children who have had **chickenpox** recently are more likely to develop more serious infection during an outbreak of scarlet fever and so parents/guardians 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. **All children with chickenpox should remain off school / nursery until at least 5 days after the start of their rash AND until all their spots have crusted over.**

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

**Infection control advice:**

We are following national guidance and advice on hygiene measures to help prevent spread within our school / nursery. Parents/guardians can also help with this by reminding children of the importance of coughing / sneezing into tissues and placing these in the bin, washing hands regularly and ensuring any breaks to the skin are covered with a waterproof plaster/dressing before attending school / nursery.

**Further information:**

You can find more information at:

- NHS Choices <https://www.nhs.uk/conditions/scarlet-fever/>
- UKHSA Scarlet Fever Frequently Asked Questions  
<https://www.gov.uk/government/publications/scarlet-fever-symptoms-diagnosis-treatment>

If you have any further questions, please contact me via the school office.

Yours sincerely

Mrs Kellett  
Headteacher

*"Teach a child how he should live and he will remember it all his life."*