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Dear Parent / Guardian

We have been informed that a small number of children who attend Boughton Leigh Infant School have been diagnosed with suspected scarlet fever/Strep A. The children are in Nursery, Reception and Year Two.

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 it should feel like 'sandpaper'. The face can be flushed red but pale around the mouth and in some cases this may be accompanied by red tongue (called "strawberry tongue").

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, away from nursery, school or work for at least 24 hours after starting the antibiotic treatment, to avoid spreading the infection

During periods of high incidence of scarlet fever, there may also be an increase in outbreaks in schools, nurseries and other childcare settings. Children and adults with suspected scarlet fever should stay off nursery / school / work until 24 hours after the start of appropriate antibiotic treatment.

Good hygiene practice such as hand washing remains the most important step in preventing and controlling spread of infection. You can also help stop the spread by not sharing eating utensils, clothes, bedding and towels. All contaminated tissues should be disposed of immediately.

Children who have had chickenpox recently may 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.

You can find more information in the guidance Scarlet fever: symptoms, diagnosis and treatment, Scarlet fever - NHS (www.nhs.uk) & https://www.gov.uk/government/publications/scarlet-fever-symptoms-diagnosis-treatment

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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 has had a dry nappy for 12 hours or more or shows other signs of dehydration
- your baby 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 baby 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

Yours Sincerely

A Moorcroft
Head Teacher

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