



Private and confidential

Wednesday 4th May 2022

Our Reference: HPZ- 380922

Dear Parents/Guardians and Staff,

We have been informed that a number of children who attend **Nyewood C of E Infant School PO21 5NW**, have been diagnosed with chicken pox and there has also been a case of scarlet fever within the setting. This letter is just to make you aware of the situation.

Chickenpox

Chickenpox is an acute generalised viral disease, which is highly infectious. It is usually a mild disease and the child makes a full recovery. If you have already had the infection then you are immune and won't get it again. If you have not previously had it the disease can rarely be much more serious: notably in adults, particularly pregnant women; in infants, and in any immunosuppressed individuals. Very rarely, chickenpox in children can be complicated by a severe infection caused by a bacterium called invasive Group A streptococcus, which appears infecting the spots and surrounding area. If you are concerned you should consult with your GP.

The main symptom of chickenpox is a rash in which groups of small, red, itchy and sometimes painful, fluid filled (blister-like) spots appear on many parts of the body. After a few days the spots burst or dry out and then crust over. In addition to the rash, a child may also have a slightly raised temperature, but in general does not appear very ill.

Chickenpox is transmitted directly by personal contact or droplet spread. Children are infectious from 1-2 days prior to the start of the rash and continue to be so until all lesions are crusted (usually about 5 days). Children should therefore be kept away from school or nursery until 5 days after the onset of the rash or until all spots are crusted over if longer than 5 days.

The virus can remain dormant in the body for many years and may reactivate later in life causing Shingles. If you have any concerns please consult your General Practitioner.

Scarlet Fever

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 will still feel like 'sandpaper'. The face can be flushed red but pale around the mouth.

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

- see your GP (please remember to take this letter with you) 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.

Complications

Children who have had **chickenpox** or **influenza ('flu)** recently are more likely to 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 on influenza and scarlet fever on NHS choices: www.nhs.uk Further advice can also be obtained from the Health Protection Team on 0344 225 3861 or SE.AcuteResponse@phe.gov.uk.

Yours sincerely,

Sania Siddiq

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