

Dear Parent or Guardian,

We have been informed that a number of children who attend the Bemrose Primary School have been diagnosed with suspected or confirmed scarlet fever and/or influenza. Where both diseases are circulating at the same time there is a slight increased risk of more serious infection.

Influenza

Most children will have a mild illness and will recover at home without needing treatment. Children with flu-like symptoms – fever (38°C or greater), cough, sore throat, runny nose, or headache – should stay off school until they are free of symptoms.

The children's flu vaccine is offered as a yearly nasal spray to young children to help protect them against flu. The nasal spray flu vaccine will help protect your child against flu and the infection will also be less able to spread from them to their family, carers and the wider population.

Children with a complex medical history

It is important that you seek advice from your GP if your child has a complex medical history (such as asthma or immunosuppression), which potentially increases their risk of severe disease if they get flu and they have not received this season's flu vaccine more than 14 days ago. Your GP will advise if they require prompt preventative antiviral prophylaxis. In addition, if your child has a complex medical history and develops any flu-like symptoms your GP can advise whether they should receive antiviral treatment.

Scarlet fever

Scarlet fever is also a mild childhood illness but unlike influenza, it requires antibiotic treatment. Symptoms include a sore throat, headache, fever, nausea and vomiting, 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. As the rash fades, the skin on the fingertips, toes and groin area can peel.

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

- see your GP or contact NHS 111 as soon as possible Public health management of scarlet fever in schools, nurseries and other childcare settings 38
- 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 the person 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, the person will need to remain off work, school or nursery for 24 hours following the start of the antibiotics.

Complications

Children who have recently had influenza are more at risk of developing serious infection should they catch scarlet fever and so parents should remain vigilant for symptoms such as a persistent high fever, skin infection and joint redness, pain or 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.

More information about influenza and scarlet fever can be found online.

Further advice can also be obtained from your local health protection team.

Yours sincerely,



Mr Pass

Deputy Headteacher