

Ashford Park Primary School

'Inspiring a love for lifelong learning'

23rd April 2024

Dear parent / guardian / staff member

We have been informed that a small number of children in Reception, Year 1 and Year 6 have been diagnosed with suspected or confirmed 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 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.

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 your child takes the full course of any antibiotics prescribed by the doctor.
- Stay at home, away from nursery, education, or work until 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. If the GP thinks that the person has group A streptococcal infection, they will need to remain off work, education or nursery for 24 hours following the start of the antibiotics.

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Complications

Rarely, children with scarlet fever or other mild GAS infections can develop more serious infections. Children who have had chickenpox recently are more likely to develop more serious infection. Parents and carers should remain vigilant for symptoms such as a persistent high temperature, skin infection and 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 on scarlet fever symptoms, diagnosis and treatment at https://www.gov.uk/government/publications/scarlet-fever-symptoms-diagnosis-treatment.

Yours sincerely

Mr P Boulton Head Teacher

















