



Dear Parent/Guardian

Strep A

We have been informed that there have been five cases of Strep A confirmed at Camborne Science and International Academy as at the 7th December 2022.

You are probably thinking ‘Should I keep my child off school? This is the guidance you need to follow

Yes	Until...
Chickenpox	at least 5 days from the onset of the rash and until all blisters have crusted over
Diarrhoea and Vomiting	48 hours after their last episode
Cold and Flu-like illness (including COVID-19)	they no longer have a high temperature and feel well enough to attend. Follow the national guidance if they've tested positive for COVID-19.
Impetigo	their sores have crusted and healed, or 48 hours after they started antibiotics
Measles	4 days after the rash first appeared
Mumps	5 days after the swelling started
Scabies	they've had their first treatment
Scarlet Fever	24 hours after they started taking antibiotics
Whooping Cough	48 hours after they started taking antibiotics

Complications

Children who have **chickenpox** or **influenza** at the same time as **scarlet fever** are more likely to develop more serious infection so parents/carers 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.

If you have any further concerns or if your child has a confirmed case of Strep A then please contact the Medical Lead at Camborne Science and International Academy Fi Rowles – Jane on rowles-janef@cambornescience.co.uk who will be able to assist you.

We would like to take this opportunity to remind you of the signs, symptoms and the actions to be taken if you think that you or your child might have scarlet fever.

Signs and symptoms of scarlet fever

Scarlet fever is a common childhood infection caused by *Streptococcus pyogenes*, or group A Streptococcus (GAS). It is not usually serious, but should be treated with antibiotics to reduce the

risk of complications (such as pneumonia) and spread to others. The early symptoms of scarlet fever include sore throat, headache, fever, nausea and vomiting. After 12 to 48 hours, the characteristic red, pinhead rash develops, typically first appearing on the chest and stomach, then rapidly spreading to other parts of the body, and giving the skin a sandpaper-like texture. The scarlet rash may be harder to spot on darker skin, although the 'sandpaper' feel should be present. Patients typically have flushed cheeks and be pale around the mouth. This may be accompanied by a bright red red 'strawberry' tongue.

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

- contact your GP or NHS 111 as soon as possible
- make sure that you or your child take(s) the full course of any antibiotics prescribed.

Although you or your child will feel better soon after starting the course of antibiotics, you must complete the course to ensure that you do not carry the bacteria in your throat after you have recovered

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

You can help stop the spread of infection through frequent hand washing and by not sharing eating utensils, clothes, bedding and towels. All contaminated tissues should be disposed of immediately.

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

Stop the spread

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.

Resources

[NHS – Scarlet Fever](#)

[Scarlet fever: symptoms, diagnosis and treatment](#)

[Health protection in education and childcare settings](#)

[Hand hygiene resources for schools](#)