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Hello everyone

The UK Health Security Agency (which has replaced Public Health England) has sent out information in response to an increase in cases of Chickenpox and Scarlet Fever.

"Chickenpox and Scarlet Fever are two routine childhood infections which are currently seeing some resurgence; both are considered to be common, mild and generally of low public health risk. Schools and Early Years settings should report two or more cases of Scarlet Fever to the UKHSA's South West Health Protection Team so that appropriate support can be provided including advising parents to take children to their GP for antibiotic treatment for Scarlet Fever.

However, co-infection of both Chickenpox and Scarlet Fever carries an increased risk of complications due to invasive infection and requires more proactive management to prevent or mitigate the risk of severe disease."

We would therefore appreciate it if parents could advise us as soon as possible of any cases of Chickenpox and/or Scarlet Fever, or if any playgroup children are admitted to hospital due to complications of contracting both of the above at the same time.

Information about both infections including treatment is given on page 2 of this letter.

Regards

Nicola Wood, Manager.

Chickenpox

Chickenpox is very common and affects most children, usually in early childhood. Whilst chickenpox can be very uncomfortable for the child, it is usually a mild self-limiting infection. Chickenpox is highly infectious, and cases of chickenpox are generally infectious to others from 2 days before the rash appears to 5 days after the onset of the rash. To reduce transmission within settings, cases are advised to stay at home until all lesions have crusted over. Paracetamol and antihistamine medicine can also be administered to help with any pain and discomfort. However, ibuprofen should not be administered, unless advised by a doctor, as this can increase the risk of serious skin infections. If there are concerns about a child's symptoms the parent/carer should seek medical advice.

Advice on how to manage chickenpox is available here: <https://www.nhs.uk/conditions/chickenpox/>

Scarlet fever

Scarlet fever is also a common, usually mild, childhood infection caused by the bacteria known as group A Streptococcus (GAS). These bacteria may be found on the skin, throat ("strep throat") and other sites where they live without causing any problems. Under some circumstances GAS can cause non-invasive infections such as pharyngitis, impetigo and scarlet fever. The symptoms of scarlet fever can be flu-like including a high temperature, sore throat, and swollen neck glands. It is then characterised by a red, generalised pinhead rash, typically beginning on the chest and stomach 12-48 hours after first symptoms, which then 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.

Cases of scarlet fever should be treated with antibiotics to reduce the risk of complications and onward transmission. If a child has symptoms of scarlet fever, it is important that they see their GP. Children can return to their setting 24 hours after commencing antibiotic treatment (so long as they are well enough to do so). If no antibiotics are administered, they will be infectious to others for 2-3 weeks and so will require an extended isolation period.

Advice on how to manage scarlet fever is available here: <https://www.nhs.uk/conditions/scarlet-fever/>