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Date: 14 December 2022  
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**Medical: In Confidence**

Dear Parent / Carer / Staff Member,

We have been informed that a number of children who attend Loudoun Montgomery Primary & EYC have been diagnosed with suspected or confirmed Group A streptococcal infection which includes scarlet fever.

Group A streptococcal infections can cause a wide range of symptoms, including respiratory and skin infections such as scarlet fever, strep throat, tonsillitis and impetigo. Group A Strep infections and scarlet fever are usually mild illnesses. Scarlet fever should be treated with antibiotics to minimise the risk of complications and reduce the spread to others.

The symptoms of scarlet fever usually include a sore throat, headache, fever, nausea and vomiting. After 12 to 48 hours this is followed by a fine red rash (with small, raised bumps) which typically first appears on the chest and tummy, rapidly spreading to other parts of the body, and making the skin feel rough, like sandpaper. 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. This may be accompanied by a 'strawberry tongue' (red, swollen and covered in little bumps). As the child improves peeling of the skin can occur.

If you think that your child has a Group A strep infection or scarlet fever:

- They should stay at home, away from nursery or, school until you contact your GP Practice or contact NHS 111.
- If parents/ carers think that their child is severely unwell, or are concerned they should seek medical assistance immediately.
- Make sure that your child takes the full course of any antibiotics prescribed by the clinician.
- If you are advised that your child has a suspected group A strep infection or scarlet fever, they should continue to stay at home, away from nursery, school or work for **at least 24 hours after starting the antibiotic treatment**, to avoid spreading the infection.
- Parents/ carers and staff should inform their nursery or school if their child is being treated for suspected or confirmed scarlet fever.

Contact tracing is not required as Group A strep infections and scarlet fever are not public health notifiable infections. As long as they have no symptoms, contacts of suspected cases of Strep A, scarlet fever or chickenpox DO NOT need to be treated

with antibiotics and they DO NOT need to stay away from nursery, school or work. However if they develop symptoms they should also follow advice.

### **Chickenpox and complications**

There is also chickenpox circulating in the community. Children who have had **chickenpox** recently are more likely to develop a more serious infection during an outbreak of scarlet fever and so parents should remain vigilant for symptoms such as a persistent high fever, signs that the skin may be becoming infected (e.g. the skin around the chickenpox blisters is hot, painful and red), arthritis (joint pain and swelling), increasing or localised pain, unexplained diarrhoea or vomiting, swelling or redness at the site of a wound, feeding or eating less than normal or severe muscle aches. If parents/ carers think that their child is severely unwell, or are concerned they should seek medical assistance immediately.

If your child has an underlying condition which affects their immune system, you should contact your GP Practice or specialist to discuss whether any additional measures are needed.

### **Preventing further transmission**

Infections can be spread by respiratory droplets, through direct physical contact and through shared contact with surfaces such as table tops, taps, toys and handles.

In order to minimise the spread of scarlet fever and other infections, the following measures are recommended for everyone:

- a. Good hand hygiene including handwashing with soap and water at the start of the school day, after using the toilet, after play, before and after eating, and at the end of the school day. Hands should be dried afterwards.
- b. Children and adults should be encouraged to cover their mouth and nose with a tissue when they cough and sneeze and to wash hands after using or disposing of tissues.
- c. All scrapes or wounds should be thoroughly cleaned with soap and water and covered while at school.

### **Chickenpox**

Chickenpox is a common childhood that most children catch at some point. It is spread through contact with someone with chickenpox.

Symptoms are usually mild; chickenpox causes a rash of red, itchy spots that turn into fluid filled blisters. A fever is usual for a few days and the child may feel miserable and irritable. Please avoid giving children who have chickenpox, pain/ fever reducing products that contain ibuprofen or aspirin.

Individuals with chickenpox should stay off nursery, school or work until all spots have crusted over; this is usually at least 5 days from onset of rash.

Chickenpox can present a risk to pregnant women who have not previously had chickenpox. If you are pregnant, have not had chickenpox before and have been in close contact with someone with chickenpox, you should seek advice promptly from your midwife or GP. If you have had chickenpox in the past, you are not at risk and therefore do not need to take any action.

You can find more information here:

- <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/streptococcus-a-strep-a/>
- <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/scarlet-fever>
- <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/chickenpox>

Further advice can also be obtained from the Health Protection Team on 01292 885 858 during office hours.

Yours sincerely,

**Health Protection Team**  
**NHS Ayrshire & Arran**