



# PARKSIDE

COMMUNITY SCHOOL

Small School ♦ Strong Values ♦ Great Experiences

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Dear Parents and Carers

Earlier this week I wrote to you regarding high levels of seasonal illness. The school also shared a letter from the UK Health and Security Agency (UKHSA) regarding a national increase in scarlet fever, which we have also experienced in school.

Given our shared experiences over the last two years, it is not surprising that messages around health and illness cause considerable concern. It is important, however, to be clear about the levels of risk we are dealing with.

As the letter from the UKHSA pointed out, scarlet fever is a common childhood infection which is not usually serious and treated with antibiotics. The UKHSA wrote to you to inform you of the early symptoms of scarlet fever, because like most infections it is relatively easy to manage and treat when dealt with at an early stage.

Due to this low level of risk (similar to that associated with chickenpox or seasonal flu), **there is no need for individuals with other underlying medical conditions to stay away from school** unless they are advised to do so by their GP or another suitably qualified medical practitioner. If such advice is received that should be confirmed in writing. If there is any change in the government's position on this then you will be advised accordingly.

It is always important for children to attend school every day when they are well enough to do so. We are working incredibly hard with all pupils in school to support them to achieve their potential across the curriculum. Thank you for your support in this crucial work.

Overleaf I have again provided information on the signs and symptoms of scarlet fever, and what to do if you or your child might have it.

Wishing you and your family a peaceful, enjoyable and healthy Christmas break, when it comes.

Ben Riggott  
Headteacher



## 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](#)