



UK Health
Security
Agency

UKHSA London
Health Protection Team
Nobel House
17 Smith Square
London
SW1P 3JR

www.gov.uk/ukhsa

Headteachers of schools
Managers of early years settings
School public health nursing teams

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Dear Colleague,

Chickenpox and scarlet fever in children

I am writing to you today to draw your attention to the recent increase in routine childhood infectious diseases which we are currently observing across the country and in London.

Chickenpox and scarlet fever are two routine childhood infections which are currently seeing some resurgence; both are considered to be common, mild and of low public health risk. Further details for both infections are provided below, along with links to guidance and resources which are available to access online.

In most situations, schools and childcare settings do not need to contact the UKHSA London Health Protection Team (HPT) about cases of chickenpox in their setting. Routinely, outbreaks (two or more cases) of scarlet fever should be reported to the HPT so that the appropriate support can be provided, including advising parents to take children to the GP for antibiotic treatment where required (see Annex).

However, coinfection 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.

Please ensure that you contact your local UKHSA London Health Protection Team promptly if:

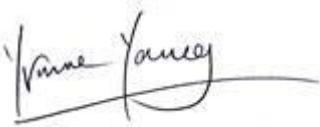
- **There is a chickenpox outbreak at the same time as case(s) of scarlet fever.**
- **There is evidence of severe disease - for example, a child is admitted to hospital.**

Good infection prevention and control - maintaining an ongoing emphasis on environmental cleaning, hand and respiratory hygiene, and ensuring staff and children who are unwell remaining away from the setting, will help reduce transmission of most infections within your setting.

Further advice and guidance can be found online here, including updated advice on managing COVID-19 and other common childhood infections:

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Yvonne Young', with a long horizontal flourish extending to the right.

Dr Yvonne Young

Consultant in Health Protection

Acting Deputy Director Health Protection

London

UK Health Security Agency

Annex

How to contact your local health protection team (HPT)

Enter your postcode to get support and contact details for your local HPT here:

<https://www.gov.uk/health-protection-team>

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/>

In any situation, if parents are concerned about how unwell a child or adult is, they should seek advice from their pharmacy, GP or NHS 111. In an emergency, call 999 or go to A&E