



SCARLET FEVER

Scarlet fever tends to be more common in the winter and spring and peaks around the end of March / early April.

Scarlet fever is mainly a childhood disease. It is usually treated with antibiotics and children need to be excluded from the child-minder, nursery or school to help minimise spreading the infection.

Children can return to their child-minder, nursery or school once they feel better and **have completed 24hours of antibiotic treatment.**

Symptoms

The first symptoms of scarlet fever often include:

- Sore throat
- Headache
- Temperature over 38oC
- Nausea and vomiting

After 12-48 hours the characteristic fine red rash develops (if you touch it, it feels like sandpaper).

Typically, it first appears on the chest and stomach, rapidly spreading to other parts of the body.

- White coating on the tongue, which peels a few days later, leaving the tongue looking red and swollen
- Swollen glands in the neck
- Feeling tired and unwell

It usually takes two to five days before the symptoms appear.

What to do

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

- See your family doctor as soon as possible
- Make sure you / your child takes the full course of any antibiotics prescribed by your doctor
- Stay at home, away from school or work for at least 24hours after starting treatment, to avoid spreading the infection

How it is spread

Scarlet fever is spread via the mucus and saliva of infected people. It may also be caught from any drinking glasses, plates or utensils they have used. To protect yourself from getting the illness you should:

- Wash your hands often
- Not share eating utensils with an infected person]Wash, dispose of handkerchiefs and tissues contaminated by the infected person
- Be aware that you can catch scarlet fever by inhaling airborne droplets if someone with the illness coughs or sneezes in the air near you.

**Guidance on infection control in schools and other childcare settings
Public health England Sept 2014**