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3rd June 2024

Dear Parent/Carer

Keeping children and young people safe and well

We are writing to share important information and guidance and advice from the Director of Public Health about health priorities highlighted as priorities, for the remainder of the summer term. This letter will focus on measles, scarlet fever and whopping cough (pertussis). The Public Health Team are hoping to provide regular updates at the start of every term in helping to deal and prepare for seasonal challenges and trends. Below are the priorities for the remainder of the term. This information is provided to help parents and carers prepare for some of the seasonal challenges and trends.

Measles-Reducing the spread of measles

Translated Information			
Romanian	Polish	For any other languages please refer to	
PDF	PDF	www.healthpublications.gov.uk - Measles	
UKHSA_MMR_A5_12 pp_leaflet_2017_Rom	UKHSA_MMR_A5_12 pp_leaflet_2017_Polis		

Measles cases in the UK and in Hertfordshire are rising and we border other geographic regions that are also seeing a rise in measles cases. Further cases and outbreaks in Hertfordshire are likely as the uptake of the Measles Mumps Rubella Vaccination (MMR) in the county is lower than recommended.

Measles is a highly infectious viral disease that can have serious and sometimes fatal consequences, with 1 in 5 cases being hospitalised and 1 in 15 suffering serious complications. Measles spreads quickly from person to person, especially in settings such as schools. Spending more than 15 minutes in direct contact with someone infected with measles is sufficient to transmit the virus. A child with measles will infect almost all unvaccinated children they have contact with.

Measles is spread through coughing and sneezing, close personal contact, or direct contact with infected nasal or throat secretions. For more information about measles and the symptoms, see Measles - NHS (www.nhs.uk)

Important information

If you think your child has measles you should contact your GP. Children and adults who may have measles should remain isolated at home for 4 days after the rash first appears.

Call to action

Be alert to signs and symptoms of measles and check that your child(ren) is fully vaccinated. If anyone has missed one or both doses of the MMR vaccine, it is not too late to catch up. Please contact your GP practice to book an appointment as soon as possible if you have missed either dose. The MMR vaccine is free on the NHS, whatever your age. Our best protection against measles is MMR vaccination and this will help stop outbreaks occurring in the community.







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Further advice and guidance can be found here:



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MEASLES - Protect yourself, protect others (publishing.service.gov.uk)

Measles - NHS (www.nhs.uk)

MMR (measles, mumps and rubella) vaccine - NHS (www.nhs.uk)

https://educationhub.blog.gov.uk/2024/01/22/what-to-do-if-you-think-your-child-has-measles-and-when-to-keep-them-off-school/

Scarlet Fever and Strep A – Signs, Symptoms, prevention

Translated Information			
Romanian	Polish	For any other languages please contact	
W	W	HertsHPT.SPOC@hertfordshire.gov.uk	
2023.01.03_iGAS_Inf oletterRomanian_Pare	2023.01.03_iGAS_Inf orletterPolish_Parents		

We would like to take this opportunity to remind you of the signs, symptoms, and the actions to be taken if you believe your child has scarlet fever.

Signs and symptoms

Scarlet fever is a common childhood infection caused by Streptococcus pyogenes, or group A streptococcus (GAS). 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 pallor around the mouth. This may be accompanied by a 'strawberry tongue'. As the child improves peeling of the skin can occur.

As per national guidance on infection control - Health protection in education and childcare settings - GOV.UK (www.gov.uk) - children with suspected scarlet fever should be excluded from school for 24 hours after the commencement of appropriate antibiotic treatment. If a child does not receive antibiotics, they should be excluded from school for the duration of the infectious period, which is between 2 and 3 weeks. Good hygiene practice such as hand washing and discarding of used tissues in a bin remains the most important step in preventing and controlling spread of infection.

Useful Resources

Scarlet fever FAQ: <u>Scarlet fever: symptoms, diagnosis and treatment - GOV.UK (www.gov.uk)</u> Hand hygiene resources for schools: http://www.e-bug.eu/







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Pertussis (Whooping cough)

Whooping cough can affect people of all ages but particularly serious for young infants. Vaccine uptake levels in pregnant women, babies and young children have fallen in recent years across England and as such we are

seeing an increase in the number of cases of whooping cough. For signs and symptoms see here Whooping Cough - Signs and Symptoms Vaccination in pregnancy is key to passively protecting babies before they can be directly protected by the infant vaccine programme.

Getting the whooping cough vaccine in pregnancy is a highly effective way to protect babies in the first few months following birth.

Given the drop, in vaccination levels and the rise in cases, UKHSA is urging parents to check that their children are vaccinated against whooping cough, which is offered to all infants at 8, 12 and 16 weeks of age (as part of the 6-in-1 combination vaccine) with an additional dose included in the pre-school booster vaccine. If there is any evidence that the Whooping Cough or the general childhood vaccination is incomplete, the advice is for parents/carers to consult their GP for catch up vaccines, which can be done at any age.

Yours faithfully

Mrs M Goodes Vice Principal

