

Shepway Rural LCSP

SEND TO SCHOOL OR KEEP AT HOME?



Advice and guidance for parents on common illnesses in children and young adults

The information in this booklet is intended only as a guide for parents *not* as a diagnostic tool.

You should always consult your GP if you are concerned about your child's health or believe that they may have a communicable disease or illness.

CONTENTS	
Chickenpox and Shingles	3
Cold Sores (Herpes Simplex)	4
Conjunctivitis	5
Diarrhoea and/or Vomiting	6
Eczema	7
Glandular Fever	8
Hand, Foot and Mouth Disease	9
Hayfever	10
Headlice and Nits	12
Hepatitis A	13
Impetigo	14
Influenza (Seasonal Flu)	15
Measles	16
Mumps	17
Rubella (German Measles)	18
Scabies	19
Scarlet Fever	20
Slapped Cheek Syndrome	22
Tonsillitis	23
Warts and Verrucas	24
Further Information	26

Shepway Rural LCSP would like to thank Simon Langton Grammar School for Boys for their excellent work in creating this document.

Chickenpox and Shingles

What is it?

Chickenpox is a common infectious disease. It is caused by a virus called varicella zoster and is spread by sneezing and coughing or direct contact with broken chickenpox blisters. It is much more severe in adults than in children and can be a particular problem in pregnancy. Shingles (also known as herpes zoster) is a reactivation of the virus and will only develop in a person who has previously had chickenpox.

What are the symptoms?

Chickenpox is like a mild case of flu with an itchy rash. The rash is the most noticeable feature and starts out as crops of raised red spots. These develop into small blisters which eventually scab over in 3-4 days. Chickenpox is mainly a disease of children and is usually, but not always, a mild illness. Shingles consists of a blistering and painful rash along the pathway of a single nerve, usually limited to one side of the body. It is most common in older adults but children who are immunosuppressed or are being treated for cancer can develop shingles.

How is it spread?

Chickenpox is highly infectious and is usually spread from person to person by coughs and sneezes. The incubation period is two to three weeks. Children with chickenpox can pass it to others from 1-2 days before the rash appears until 5 days after the rash has started. A child who has had chickenpox will be immune for life. Because it is the reactivation of a virus, you cannot catch shingles. However, fluid from the blisters can spread the virus to other people, who will develop chickenpox if they have never had it before. The rash should be covered with a dry dressing until the blisters have dried up.

How can it be prevented?

Chickenpox is highly infectious and it is very difficult to prevent it spreading from person to person. Getting the child to cough into a tissue and keeping them away from susceptible people should help prevent transmission of Chickenpox. Shingles itself cannot be prevented but children who are immunosuppressed or are being treated for cancer and who have not had chickenpox, should not be allowed to contact cases of shingles, and they should see their GP to ask about protection.

Send to school or keep at home?

Children with chickenpox should stay away from school for five days from the first appearance of the rash. If your child has chickenpox, please let the school know in case other children, parents or teachers need to avoid infection for medical reasons. If you are pregnant and have been in contact with a child with chickenpox and you have never had chickenpox, please see your GP as soon as possible.

Cold Sores (Herpes simplex)

What is it?

Cold sores are caused by infection with the herpes simplex virus, commonly presenting as blisters in the nose or mouth.

What are the symptoms?

It often starts with symptoms of tingling in an area of nose or mouth followed by the appearance of a blister. The blister crusts and heals without a scar. Children who are infected for the first time can have more widespread blisters, mouth ulcers and fever which can make them quite ill. Subsequent attacks normally present with cold sores only.

They have a tendency to recur because the cold sore virus does not disappear from the body completely after the infection. The virus remains in an inactive state, and reactivation can be triggered by factors such as stress, illness and sunlight.

How is it spread?

Cold sores can spread from person to person. There are two ways of spread. They are usually spread by kissing since the virus is active in the cold sore blister. The virus can also be picked up by touching the sores, and thus spread to others. Children infected for the first time may shed the virus for several weeks.

How can it be prevented?

Cold sores are highly infectious, especially among young children. The most effective method of prevention is to avoid contact with oral secretions and the blisters of an infected person. Hands must be thoroughly washed after touching cold sores. Persons with active cold sores should avoid kissing young children. Some people with frequent recurrences may receive medicines from their GP for prevention.

Send to school or keep at home?

Persons with cold sores need not be excluded from school.

Conjunctivitis

What is it?

The white of the eye and the inner surfaces of the lids are covered by a transparent membrane called the conjunctiva. Conjunctivitis (also known as red - or pink eye or sticky eye) is a condition that causes the surface of the conjunctiva to become inflamed. This can be caused by a number of bacteria, viruses, allergies or foreign bodies. It is a common condition, particularly in children but is usually a self-limiting disease.

What are the symptoms?

The usual symptoms are watering of the eye, itching, soreness and redness. This may be followed by a yellowish sticky discharge, which can cause the eyelids to stick together, making them difficult to open. This is especially troublesome in the mornings. The white of the eye may appear pink or red. It can last from 2 days to 2 weeks.

How is it spread?

Conjunctivitis is easily spread through contact with the discharges from the infected eye and by the coughs and sneezes of people with the infection. Often it is spread by the affected child rubbing their eyes and then touching objects which then become contaminated. This provides an opportunity for the infection to spread to the next child having contact with the object. Conjunctivitis also spreads rapidly within families and where there are poor hygiene measures. Occasionally outbreaks of viral conjunctivitis occur through poorly chlorinated swimming pools - "swimming pool conjunctivitis".

How can it be prevented?

Good standards of personal hygiene prevent spread, particularly regular hand washing. Conjunctivitis caused by bacteria may need to be treated with antibiotic drops or cream. There is no treatment for viral conjunctivitis. Affected children should be discouraged from rubbing their eyes and having close facial contact with other children.

Send to school or keep at home? Children whose eyes are sticky or producing pus should stay away from school until the infection has cleared. Children who have 'pink eye', but whose eyes are not producing pus do not need to stay away from school.

Diarrhoea and/or Vomiting

What is it?

Diarrhoea and vomiting can be caused by infective agents (i.e. bacteria and viruses) or by chemicals. It is often difficult to find the cause without carrying out special laboratory tests. Until proven otherwise, all cases of diarrhoea and vomiting should be treated as infectious. Diarrhoea is actually a symptom and not a disease. By diarrhoea we mean the stools are abnormally loose and frequent. The diarrhoea can vary in severity and there may be other symptoms such as fever, vomiting and abdominal pain. This depends upon the underlying cause.

How is it spread?

Germs causing diarrhoea and vomiting pass from the gut of one person to another. The germs are excreted in the stools of people with the illness. If hands are not washed properly, people ill with diarrhoea and/or vomiting can carry the germs on their hands and spread them to other places, for example taps, doors, food etc. Other people can then pick up the germs on their hands and by putting their fingers in their mouths or by handling food, the germs enter their mouths and they become infected. This is called 'hand to mouth' or 'faecal-oral' spread. Diseases causing diarrhoea and vomiting can sometimes be spread by eating or drinking contaminated food or water. Good hygiene is the most important way to prevent these diseases. It is necessary to practice good hygiene at all times as diarrhoeal disease can spread rapidly and it is not always easy to identify cases early enough to stop them spreading their illness to others.

How can it be prevented?

Everyone should wash their hands thoroughly with soap and hot water after every visit to the toilet and before handling or eating food. Toilet bowls, seats and flush handles along with any other surfaces that may have been touched by contaminated hands (i.e. door handles, taps etc.) should be disinfected daily. A simple solution of a disinfectant at the correct dilution is all that is required.

Send to school or keep at home?

If children develop diarrhoea/and or vomiting whilst at school please ensure that they are collected promptly. To help prevent the spread of infection within schools, all children with diarrhoea and/or vomiting should stay away from school until 48 hours after the diarrhoea and/or vomiting has stopped.

If your child develops diarrhoea or is sent home with diarrhoea, it is important to tell the school the exact diagnosis once this is known, as it will help in deciding whether any further action is necessary.

Eczema

What is it?

Eczema is a chronic skin condition that causes the skin to become itchy, reddened, dry and cracked. Atopic eczema is the most common form of eczema, and mainly affects children. The exact cause of atopic eczema is unknown, but it often occurs in people who are prone to allergies ('atopic' means sensitivity to allergens). About eight in 10 atopic eczema cases occur before a child reaches five years of age. Many children develop it before their first birthday.

What are the symptoms?

The symptoms of atopic eczema may always be present, but during a flare-up they will worsen and your child may need more intense treatment.

Atopic eczema can cause your skin to become:

- dry
- itchy
- red
- broken
- thickened
- cracked

During a flare-up, your skin may be:

- extremely itchy, red, hot, dry and scaly
- wet, weeping and swollen
- infected with bacteria (usually staphylococcus)

The symptoms of atopic eczema will vary according to how severely your child is affected by the condition. People with mild atopic eczema will normally only experience small areas of dry skin, which are occasionally itchy. However, in more severe cases, atopic eczema can cause widespread dry skin, constant itching and oozing fluid. Scratching can disrupt your sleep and make your skin bleed. It can also make an itch worse and an itch-scratch cycle may develop, with regular scratching. In children, this can lead to sleepless nights and difficulty concentrating at school.

How is it spread? How can it be prevented?

Atopic eczema is an inherited condition, which means that you are born with it. It may be made worse by 'external' factors, such as pet fur and pollen, or 'internal' factors, such as stress and hormone levels.

Send to school or keep at home?

Children can still attend school but eczema may make them feel run down and tired if they haven't been able to sleep well. If that is the case they may need time off.

Glandular Fever

What is it?

Glandular fever (also called mononucleosis) is a viral illness caused by the Epstein-Barr virus.

What are the symptoms?

The usual symptoms are tiredness, fever and sore throat and swollen tender glands, particularly in the neck but also in the armpit and groin. Rarely the child may be jaundiced. In young children the disease is generally mild. Once the acute stage has settled, the child can be left with little energy or stamina for several weeks.

How is it spread?

Glandular fever is spread through saliva by the coughs of people with the infection, or by kissing - it is sometimes known as the "kissing disease". Some people with the infection are able to pass it on for many months afterwards.

How can it be prevented?

There is no specific treatment for glandular fever and there is no immunisation against it. Good standards of personal hygiene can help prevent spread

Send to school or keep at home?

Children with the illness should stay off school until they feel well again.

Hand, Foot and Mouth Disease

What is it?

Hand, foot and mouth disease is a mild viral illness caused by the Coxsackie virus that often occurs in epidemics. It is most common in young children but can occur in adults. This infection is completely unrelated to the 'Foot and Mouth' disease in animals – that is caused by a different virus.

What are the symptoms?

The illness usually starts with a sore throat and then ulcers may develop in the inside of the mouth and blisters on the hands and feet. There may also be a fever. Unlike chickenpox, these blisters are not itchy and usually last between 4 and 10 days. The illness is usually mild and can even occur without any symptoms. Adults and older children may develop a mild form of the illness, but this is rare.

How is it spread?

The illness can be spread by coughs and sneezes or the stools of people with the infection. It can also be passed on during social contact. Symptoms develop between 3 and 5 days after contact with a case. A person is infectious until the blisters fade, though the virus can be excreted for up to 4 weeks after the onset of the illness.

How can it be prevented?

There is no specific treatment for people with the illness and there is no immunisation against it. The best method of prevention is the practice of good personal hygiene:- Everyone should wash their hands after every visit to the toilet and before meals. If it is possible each family member should have his or her own towel.

Whilst the rash is present, swimming in swimming pools should be avoided

Send to school or keep at home?

There is no need for any child to stay away from school unless they do not feel well enough to go.

Hayfever

What is it?

Hayfever, also known as seasonal allergic rhinitis, is a very common condition that affects two in every 10 people in the UK. It is caused by an allergy to airborne substances such as grass or hay pollen, which affects the upper respiratory passages (nose, sinus, throat and eyes).

Hayfever usually occurs during the spring and summer months. Exactly when you get it depends on which pollens you are allergic to. From May to July, grass and flowers are in pollen, making these the most common cause of hayfever at this time. During spring, from March to May, pollens from trees are the most common cause of hayfever. Some people do get hayfever into the autumn months. However, this is rare and is usually caused by weeds such as nettles and docks, late flowering plants and mould spores.

As with all allergies, the symptoms happen as a result of your immune system (the body's defence system) overreacting to a normally harmless substance. In this case the substance is pollen. When the body comes into contact with pollen, cells in the lining of your nose, mouth and eyes release a chemical called histamine that triggers the symptoms of an allergic reaction.

You are more likely to get hayfever if there is a history of allergies in your family, particularly asthma or eczema. Hayfever usually begins in the early teens and peaks when you're in your twenties.

What are the symptoms?

Hayfever symptoms vary in severity and you may find that your symptoms are worse some years than others, depending on the weather conditions and pollen count. Your symptoms may also start at different times of the year, depending on which type of pollen you are allergic to.

In general, the symptoms of hayfever are:

- frequent sneezing
- runny or blocked nose
- itchy or watery eyes
- an itchy throat, mouth, nose and ears

Less commonly, you may have:

- loss of smell
- face pain (caused by blocked sinuses)
- sweats
- headaches

If you have asthma, you may find that your symptoms, such as wheezing and breathlessness, get worse when you have hayfever as well. Sometimes, asthma symptoms only occur during the hayfever season.

How is it spread?

Hayfever is an allergic reaction to pollen. When pollen comes into contact with the cells that line your mouth, nose, eyes and throat, it irritates them. If you are allergic to pollen, your body thinks it is harmful and produces a special type of antibody known as immunoglobulin E (IgE) to attack the pollen. This triggers the release of further chemicals, including histamine, which together cause the symptoms of an allergic reaction.

In England, most people with hayfever are allergic to grass pollen. However, trees, mould spores and weeds can also cause hayfever. Research shows that pollution, such as cigarette smoke or car exhaust fumes, can make allergies such as hayfever worse.

How can it be prevented?

It is very difficult to completely avoid pollen, but you should be able to ease the severity of your hayfever symptoms by taking some sensible precautions.

The pollen count is often given with TV, radio, internet or newspaper weather forecasts. If it is humid or windy, the pollen count is likely to be higher. You can also try the following:

- avoid playing or walking in grassy areas and camping,
- change your clothes and take a shower after being outdoors to remove the pollen on your body,
- wear wrap-around sunglasses to stop pollen getting in your eyes when you are outdoors,
- keep fresh flowers out of the house, and vacuum (ideally using a machine with a HEPA filter) and damp dust regularly,
- do not smoke or let anyone smoke in your house - breathing in other people's smoke irritates the lining of your nose, eyes, throat and airways, which can make your symptoms worse,
- keep pets out of the house during the hayfever season; if your pet does come indoors, wash it regularly to remove any pollen from its fur, and
- apply Vaseline around the edge of the nostrils to stop pollen from entering the nasal passages.

Send to school or keep at home?

They may go to school but advise their teachers in case any medication they have taken makes them drowsy.

Headlice & Nits

What is it?

Head lice (*Pediculus capitis*) affect only humans, and cannot be passed on to, or caught from, animals. Head lice are tiny (pin-head sized) grey-brown, wingless insects that live by sucking blood from the scalp. Their eggs, which look like tiny white specks, are known as nits and are laid glued to the base of hairs. The eggs hatch after seven to 10 days, and 10 to 14 days after hatching the lice are mature and 2-4mm long (the size of a sesame seed). Once mature they start to reproduce, so numbers can grow alarmingly if not treated. Head lice are common in schoolchildren, particularly between the ages of four and 11, but anyone with hair can catch them.

What are the symptoms?

Infestation often causes itching of the scalp, but may also go unnoticed. If you suspect head lice, check the base of hairs for eggs and comb the hair over a piece of white paper to see if you can spot any dark mature lice. Sometimes an infestation is marked by tiny red spots on the scalp. Lice may be visible in the hair behind the ears and at the nape of the neck as these are favourite spots for infestations.

How is it spread?

Head lice are transferred by close hair-to-hair contact. They cannot jump, fly or swim, but walk from one hair to another. It is a misconception that head lice infestation is as a result of dirty hair and poor hygiene. Head lice can be found in all hair types, long or short, and in hair of any condition.

How can it be prevented?

There is no prevention for head lice infestation other than normal hair care and checking yours and your family's hair and scalp periodically. If your child has long hair, tie it back as this helps to reduce the likelihood of contact between their hair and that of an infected child. Do not use medicated lotions or rinses 'just in case', for example in close friends or family members. They should only be used if live lice are found. Regular combing of hair using the bug-busting method can help with early detection as well as treatment.

Send to school or keep at home?

Children can still go to school. It is advisable that children with head lice wear long hair tied back to reduce likelihood of contact with others. Also, parents should advise the school so that they can help manage children getting close enough to pass the lice on.

Hepatitis A

What is it?

Hepatitis A is a common infection caused by a virus. It sometimes leads to inflammation of the liver and causes a temporary yellow discoloration of the skin known as jaundice

What are the symptoms?

Many infections occur without symptoms particularly in children; and many infections are mild and without jaundice. Serious complications are very rare. When symptoms do occur, the onset is usually sudden with fever, tiredness, loss of appetite, feeling sick and abdominal discomfort followed within a few days by jaundice. When a person becomes jaundiced they often develop light coloured stools and dark urine

How is it spread?

Hepatitis A is caused by a virus. It is usually passed from person-to-person by "hand-to-mouth" spread as a result of poor hygiene after using the toilet.

How can it be prevented?

Control of infection is difficult because people with Hepatitis A are usually most infectious for a week or two before symptoms appear until a week after the onset of jaundice. Spread of Hepatitis A is reduced by simple hygienic measures particularly thorough hand washing after using the toilet.

An injection of Hepatitis A vaccine given to contacts of cases soon after exposure to the virus will prevent or reduce the severity of the illness in those who have not had the vaccine previously

Send to school or keep at home?

Children with hepatitis A infection should stay away from school until 7 days after onset of jaundice or until they are well. Contacts of cases should also stay away from school, and should see the GP if they have symptoms suggestive of the illness.

Impetigo

What are the symptoms?

The face is the most commonly affected area but impetigo can occur on any part of the body. At first, small blisters develop which then burst to leave small scabby patches on the skin. These crusted lesions are often yellow in colour, sometimes itch and can spread in small clusters to surrounding areas of skin.

How is it spread?

Impetigo spreads from person to person mainly by direct contact with the infected skin or the hands of people with the infection. On rare occasions it may also be caught from objects that have been used by people with impetigo, such as clothes and towels.

How can it be prevented?

Regular hand washing using soap and water is the most important way in which impetigo can be prevented. This is very important for people who are in close contact with someone with impetigo.

Once impetigo has occurred it needs to be treated with antibiotics which will help the skin to heal and will help prevent other people from catching it. The doctor may provide antibiotic cream, tablets, or, sometimes, both. Children with impetigo also need to be kept especially clean. The infected skin area should be washed with mild soap and water and their hands should be washed frequently. Their clothes and towels should be changed daily. People with impetigo should have their own towel, which should be kept aside solely for their own use

Send to school or keep at home?

All children with impetigo should be kept away from school until their skin has healed or until 48 hours after any anti-biotic treatment has begun. Children coming into contact with someone with impetigo do not require any treatment or exclusion from school.

Influenza (Seasonal Flu)

What is it?

Seasonal flu (or influenza) is caused by various strains of the influenza virus.

What are the symptoms?

The usual symptoms are fever, headache, muscle aches, severe tiredness, sore throat and cough. Sickness and diarrhoea can occur, especially in children. It is sometimes accompanied or followed by chest infections that can be severe, however it is generally a milder illness in children. It often occurs in epidemics, most commonly in the winter.

How is it spread?

Flu is spread from person to person by coughs and sneezes. It can spread rapidly within families and schools where there are many people living close together. Flu can be passed on to other people for 3-5 days after symptoms start.

How can it be prevented?

There are no specific treatments but there are many remedies available from pharmacists to ease the symptoms. There are no specific treatments but there are many remedies available from pharmacists to ease the symptoms. **Children should NOT be given any preparations containing aspirin.** If you are in any doubt about the contents of a 'flu' remedy, please check with the pharmacist.

Children affected by influenza should be encouraged to rest and drink plenty of water or other fluids and should be encouraged to cover their mouths when coughing and use paper tissues when sneezing.

Each year vaccines against the likely common types of the virus are prepared and should be given to people at risk, particularly the elderly and those with chronic heart, chest or kidney diseases. Healthy children and adults do not need immunisation.

Send to school or keep at home?

Children should not return to school until they have had at least 48 hours without a fever or any of the symptoms mentioned above, as they are still infectious. Any contacts of children with flu should go to school as normal.

If a child has any symptoms whilst at school, the parent will be asked to collect them as soon as possible to limit the spread of illness to other children.

It is also advisable for them to stay away from people who are likely to suffer more serious illness, should as the very young, the elderly and those with chronic health problems.

Measles

What is it?

Measles is one of the most infectious viral diseases and is also one of the most dangerous of children's diseases, sometimes leading to serious complications and long-term health problems. It is caused by the measles virus infecting people who have not been immunised against measles.

What are the symptoms?

Measles feels just like flu at first along with pink eyes, a runny nose and a cough. The flu like feeling lasts for about 4-7 days before a red blotchy rash develops. This rash usually starts on the face and then spreads to the rest of the body and can last for 4-7 days. Measles is usually a mild illness, although sometimes it can be severe and can cause ear and chest infections. It may result in brain damage and rarely, death.

How is it spread?

It is usually spread from person to person by coughs and sneezes. People with the illness can pass it to others from shortly before the symptoms start until about five days after the rash appears. Once a person has had the disease, they cannot catch it again.

How can it be prevented?

The only effective way to prevent measles is to immunise all children against it with the MMR vaccine. This is part of the routine programme of childhood immunisation and consists of 2 doses. The MMR also gives protection against Rubella (German Measles) and Mumps.

If your child has not been immunised against measles or their immunisation programme is incomplete, it is strongly recommended that they are vaccinated with MMR. This will not only protect your children from the illness but will also prevent the spread of measles to others.

Send to school or keep at home?

To help prevent the spread of measles within school, children with measles should stay away from school until five days after the beginning of the rash. If your child has a condition or is having treatment which suppresses their immune system, you should see your GP immediately and tell him/her that your child may have been in contact with measles.

Mumps

What is it?

Mumps is an infectious viral disease caused by the paramyxovirus. It mainly affects the salivary glands, but sometimes other parts of the body are affected. Mumps usually affects children but can affect any age group.

What are the symptoms?

Mumps usually begins with 2 or 3 days of discomfort and an increasing temperature. This is followed by the onset of discomfort and swelling of the parotid glands, which are situated below the ears and normally cannot be felt. The swelling can be in both glands or just one side and can cause the earlobes to stick out and the face to appear swollen. The mouth may feel dry and swallowing can be painful. Symptoms usually last for 3 or 4 days but can last for more than a week. Adult women may suffer inflammation of the ovaries and adult men may experience swelling of the testicles. Only on very rare occasions does this lead to sterility. The mumps virus is a common cause of viral meningitis, which is usually very mild and has no after effects.

How is it spread

Mumps is usually spread from person to person by coughs and sneezes. Less often, it may be spread by direct contact with the saliva of someone with mumps. People with mumps can pass it to others from shortly before the symptoms start until just after the swelling has gone.

How can it be prevented?

The only effective way to prevent mumps is to immunise all children against it with the MMR vaccine as part of the routine programme of childhood immunisation.

If your child has not been immunised against mumps it is strongly recommended that they should be. This will not only protect your children from the illness but will also prevent the spread of mumps to others.

Send to school or keep at home?

To help prevent the spread of mumps to others within school, children with mumps should stay away from school for five days after the onset of swollen glands.

Rubella (German Measles)

What is it?

Rubella is a mild illness caused by the rubella virus. If a pregnant mother catches rubella in the first 16 weeks of pregnancy her child is at an increased risk of being born with an ear, eye or heart problem or being mentally handicapped

What are the symptoms?

The symptoms of rubella are a widespread rash and a slightly raised temperature. The illness may go completely unnoticed as most people are perfectly well and many people do not develop a rash.

How is it spread?

Rubella is a highly infectious disease and is usually spread from person to person by coughs and sneezes. People with the illness can pass it to others from at least one week before any symptoms develop up until about five days after the rash has appeared.

How can it be prevented?

The only effective way to prevent rubella is to ensure that all children are immunised against it with the MMR vaccine that is part of the routine programme of childhood immunisation. This consists of two doses of MMR.

Send to school or keep at home?

To help prevent the spread of rubella to others within school, children with rubella should be kept away from school for five days from the start of the rash.

Scabies

What is it?

Scabies is caused by a minute insect (the scabies mite) that burrows into the skin, particularly in skin crease areas like wrists and hands.

What are the symptoms?

Scabies causes severe itching of the skin, which is often worse at night. Repeated scratching can lead to visible scratch marks and these may become infected.

Scabies may be present for 2-6 weeks before the itching begins. It is easily treated by using a cream or lotion from the GP.

How is it spread?

Scabies is spread from person to person by direct skin to skin contact. A person with scabies can spread the infection to others until he/she is successfully treated.

How can it be prevented?

In order to prevent scabies from spreading, it is important to treat everyone in the household even if they don't have an itch. People who have had skin contact with the infected person should also be treated. This is because there is often a delay of up to 6 weeks from being infected to getting an itch. Treating everyone in the house will kill all insects and prevent new cases in the family. The scabies mite dies very quickly away from the human body so clothes and bedding are not likely to be sources of infection. They may be washed in the usual way

Send to school or keep at home?

All children should stay away from school until the day after treatment has started.

Scarlet Fever

What is it?

Scarlet fever is an infection caused by a type of bacteria known as haemolytic streptococci, which belongs to the A streptococcus bacteria group. Scarlet fever usually occurs after a throat or skin infection with streptococcus bacteria, such as strep throat. Scarlet fever is the rash that is caused by the streptococcus bacteria. Scarlet fever is also known as scarletina, although this term is sometimes used to refer to a mild form of the disease.

It is quite rare in the UK because of the regular use of antibiotics for strep infections. It usually affects children, most commonly between four and eight years old, but people of any age can catch it, although it's very rare in children under two years.

It takes around two to four days to develop symptoms after being infected. If you think your child has scarlet fever it's a good idea to consult your GP.

What are the symptoms?

Scarlet fever generally has a one-to-four-day incubation period. The disease often starts with a sore throat or a skin infection. The characteristic symptom of scarlet fever is a fine pinkish-red rash on the body that feels like sandpaper to touch. It may start in one place, but soon spreads to many parts of the body, commonly the ears, neck, chest, elbows, inner thighs and groin.

The rash does not normally spread to the face but the cheeks become flushed and the area just around the mouth stays quite pale. The rash will blanch (turn white) if you press a glass on it. The overall impression of someone with a flushed, red face is where scarlet fever gets its name from.

Other symptoms may include:

- headache
- swollen neck glands
- loss of appetite
- nausea and/or vomiting
- abdominal pain
- pastia lines (broken blood vessels in the folds of the body e.g. armpit, causing red streaks)
- white coating on the tongue, which peels a few days later leaving the tongue looking red and swollen (known as strawberry tongue)
- a general feeling of being unwell

The rash lasts for six days and then usually fades away. If symptoms are not treated, the outer layers of the skin may peel (usually on the hands and feet) for up to six weeks after the original rash has faded.

Scarletina is another name for scarlet fever, although sometimes it is used to refer to milder cases that result in a rash but may not be accompanied by other symptoms.

The rash is something to look out for in a child that has chicken pox as this may indicate a secondary infection. If this is the case, seek medical advice immediately as the secondary infection may prolong the first infection or make it more severe.

How is it spread?

Scarlet fever is infectious. It is spread through close physical contact or by contact with the mucous from an infected person.

How can it be prevented?

All tissues and handkerchiefs contaminated with mucus from someone with scarlet fever should be washed or disposed of immediately. You should wash your hands thoroughly if you have touched them.

Bacteria can also be transmitted by touching someone with a streptococcal skin infection or by sharing contaminated eating utensils, cups and glasses, clothes, bed linen or towels.

Send to school or keep at home?

If your child has scarlet fever, keep them off school and away from other people until they have been on a course of antibiotics for at least five days.

Slapped Cheek Syndrome

What is it?

This is a mild virus Infection, which can affect children and adults. It is also known as 'Fifth disease' or 'Parvovirus'

What are the symptoms?

The most striking feature is a bright red rash on the face, which looks like 'slapped cheeks' followed by a lacy pink rash all over the body. The illness is very mild, with little or no fever. Many adults have already got anti-bodies to this infection and are immune. Adults who get the infection may get joint pains or arthritis. People with sickle cell anaemia or thalassaemia can become anaemic as a result of the infection. In very rare cases, women who get the infection when they are in the first 20 weeks of pregnancy may have a miscarriage, or the baby may develop anaemia. However, 95% of women who catch this infection during pregnancy do not have any problems at all.

How is it spread?

The infection is spread from person to person by coughs and sneezes. The incubation period is two to three weeks.

How can it be prevented?

Prevention is difficult as many infections occur with no symptoms. Children who have sickle cell anaemia, thalassaemia, or who are immunosuppressed, and pregnant women, should see their GP if they have been in contact with this disease. A blood test is available to test for immunity and the GP will be able to advise if any further action is needed.

Send to school or keep at home?

By the time the rash has appeared, the person is no longer infectious. For this reason, children with the infection do not need to stay away from school.

Tonsillitis

What is it?

Tonsillitis means inflammation of the tonsils. It may be caused by a bacterial such as Streptococcus but most cases of tonsillitis are caused by a virus.

What are the symptoms?

Tonsillitis usually presents with a sore throat, which may be severe. The tonsils are usually swollen and red, and may show spots of pus, or be covered with a white film of pus. There is often a very high fever, and headache. The glands in the neck are often swollen and the neck may be stiff and tender.

How is it spread?

The virus spreads from person to person by coughs and sneezes.

How can it be prevented?

Prevention is difficult, as the virus may spread easily from person to person. In most cases the GP will not prescribe an antibiotic as this is ineffective for viral infections. If the GP considers that the tonsillitis is likely to be caused by Streptococcal infection, antibiotics will be prescribed, which will reduce the spread to others.

Send to school or keep at home?

Children with tonsillitis will usually feel too poorly to go to school. They do not need to be excluded once they feel better.

Warts & Verrucas

What is it?

Warts are small, skin-coloured, rough lumps on the skin that are benign (non-cancerous). They often appear on the hands and feet. Warts can look different depending on where they are on the body and how thick the skin is. A wart on the sole of the foot is called a verruca. Warts are caused by infection with a virus called the human papilloma virus (HPV). HPV causes keratin, a hard protein in the top layer of the skin (the epidermis), to grow too much, producing the rough hard texture of a wart.

What are the symptoms?

There are several different types of warts and they also vary in size and shape. For example, the size of a wart can range from 1mm to over 1cm. Warts are not normally painful, although warts under your fingernails, or on the soles of your feet (verruucas), can sometimes hurt. You may have one or two warts, or you may have lots on the same area of your skin.

Common warts

Common warts (*verruca vulgaris*) are firm and raised, with a rough surface that can look a bit like a cauliflower. They can occur anywhere, but are most common on the hands (knuckles and fingers), elbows and knees. You may have one, or several, common warts, but you will usually have less than 20.

Verrucas

Verrucas (plantar warts) are warts that occur on the soles of your feet. They can also occur on the heels and toes. Verrucas do not stick up from the surface of the skin. Instead, the weight of your body pushing down on them makes them grow back into your skin, which can be painful. Verrucas often have a black dot in the centre, surrounded by a hard, white area. The dot is the blood supply to the wart, and the white area is the skin of the wart that is closely packed together. You may have one or several verrucas, but usually not more than 20.

How is it spread?

The virus that causes warts is passed on through close skin-to-skin contact. It can also be passed on by indirect contact, for example, from objects such as towels and shoes. Warts are thought to be contagious for as long as they are present.

You can also spread warts to other parts of your own body. For example, you can spread the virus if you:

- scratch or bite a wart
- bite your nails or suck your fingers

This can cause the wart to break up and bleed, making it easier for the virus to spread.

You are more likely to catch the infection if your skin is:

- damaged
- wet
- comes into contact with rough surfaces

For example, public swimming pools are a common place to catch verrucas. People with scratches or cuts on the soles of their feet are particularly vulnerable.

How can it be prevented?

Follow the steps below in order to reduce your chances of getting a wart or verruca.

- Do not touch other people's warts
- Do not share towels, flannels or other personal items with someone who has a wart
- Do not share shoes or socks with someone who has a verruca

If you have a wart or a verruca, do not scratch or pick it because this can spread the infection to other parts of your body.

Communal activities

Cover your wart or verruca when you are taking part in communal activities. For example:

- Wear flip-flops in shared areas such as showers and swimming pool changing rooms
- Cover your wart or verruca with a waterproof plaster when you go swimming, or when doing physical education (PE) at school. You can also buy special socks to cover verrucas. These are available at pharmacies
- If you have a wart on your hand, wear gloves when you are using shared equipment, such as gym equipment

Send to school or keep at home?

Children should still attend school but if they are taking part in PE or swimming, they should wear appropriate footwear to reduce the risk of infection being passed on. Teachers should also be informed.

Further Information

The Kent Health Protection Unit have the following information leaflets available:

Telephone 01622 713059

Campylobacter
Chickenpox & Shingles
Clostridium Difficile
Cryptosporidiosis
Dysentery
E. coli O157
Gastroenteritis
Giardiasis
Hand Foot & Mouth Disease
Hepatitis A
Hepatitis B
Hygiene for Schools and Nurseries
Impetigo
Legionella
Measles
Meningococcal Disease
Molluscum Contagiosum
MRSA
Mumps
Parvovirus (Slapped Cheek)
Personal & Domestic Hygiene
Pertussis (Whooping Cough)
Psittacosis
PVL
Ringworm
Rubella
Salmonella
SARS
Scabies
Scarlet Fever
Streptococcal Infection
Threadworm
Tuberculosis
Verrucae