



Date: 16 May 2024



Dear Year 3 Parents,

This is to inform you that there is one reported case of Scarlet Fever in Year 3.

As Scarlet Fever is a communicable disease, we would like you to read the following information provided by the Centre for Health Protection, in order to prevent your child from becoming infected.

Causative agent

Scarlet fever is a bacterial infection caused by Group A Streptococcus. It mostly affects children.

Clinical features

It usually starts with a fever and sore throat. Headache, vomiting and abdominal pain may also occur. The tongue may have a distinctive "strawberry"-like (red and bumpy) appearance. A "sandpaper" texture-like rash would commonly begin on the first or second day of illness over the upper trunk and neck, which spreads to the limbs. The rash is usually more prominent in armpits, elbows and groin areas. It usually subsides after one week and is followed by skin peeling over fingertips, toes and groin areas. Scarlet fever is sometimes complicated with middle ear infection, throat abscess, chest infection, meningitis, bone or joint problems, damage to kidneys, liver and heart, and rarely toxic shock syndrome.

Mode of transmission

The bacteria are present in the mouth, throat and nose of the infected person. They are transmitted through either respiratory droplets or direct contact with infected respiratory secretions.

Incubation period

The incubation period is usually 1 to 3 days.

Management

Scarlet fever can be effectively treated with antibiotics. If symptoms of scarlet fever develop, consult the doctor promptly and take antibiotics according to doctor's advice. Symptoms may be relieved by parallel use of fever-lowering drugs, more rest and replenishment of fluids.





Prevention

There is no vaccine available against scarlet fever. Members of public are advised to reduce their chance of getting infection by adopting the following measures:

- Perform hand hygiene frequently, especially before touching the mouth, nose or eyes; after touching public installations such as handrails or door knobs; or when hands are contaminated by respiratory secretion after coughing or sneezing.
- Wash hands with liquid soap and water, and rub for at least 20 seconds. Then rinse with water and dry with a disposable paper towel or hand dryer. If hand washing facilities are not available, or when hands are not visibly soiled, hand hygiene with 70 to 80% alcohol-based handrub is an effective alternative.
- Cover your mouth and nose with tissue paper when sneezing or coughing. Dispose of soiled tissues into a lidded rubbish bin, then wash hands thoroughly.
- Avoid sharing personal items e.g. eating utensils and towels.
- When having respiratory symptoms, wear a surgical mask, refrain from work or attending class at school, avoid going to crowded places and seek medical advice promptly.
- Children suffering from scarlet fever should refrain from attending school or child care setting until fever has subsided and they have been treated with antibiotics for at least 24 hours.
- Regularly clean and disinfect frequently touched surfaces such as furniture, toys and commonly shared items with 1:99 diluted household bleach (mixing 1 part of 5.25% bleach with 99 parts of water), leave for 15-30 minutes, and then rinse with water and keep dry. For metallic surface, disinfect with 70% alcohol.
- Use absorbent disposable towels to wipe away obvious contaminants such as respiratory secretions, and then disinfect the surface and neighbouring areas with 1:49 diluted household bleach (mixing 1 part of 5.25% bleach with 49 parts of water), leave for 15-30 minutes and then rinse with water and keep dry. For metallic surfaces, disinfect with 70% alcohol.
- Maintain good indoor ventilation. Avoid going to crowded or poorly ventilated public places; high-risk individuals may consider putting on surgical masks while in such places.

The concerned area in our school has been disinfected.

Should you have any queries in regard to this email, please contact nurse@kjs.hk.





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Success for Every Child



Best regards,
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