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6th February 2025

Dear Parent/Carer (Reception)

For transparency, I am writing to inform you that we have received confirmation that a small number of children in our school community have been diagnosed with Chickenpox and your child may have been exposed. If your child has not had Chickenpox before, it is quite likely that they will catch it.

I would like to reassure you that our school is very careful to make sure everyone follows the latest government and public health guidance for the management of infectious diseases.

What is Chickenpox?

Chickenpox is a common childhood illness. Fever/cold symptoms and loss of appetite are often the first signs of illness and are followed by the appearance of the typical rash. The rash starts as small pink bumps, often around the neck, ears, back and stomach. They will then blister, before turning yellow and forming scabs. The rash spreads outwards and can reach the lower arms and legs. Some people may have only a few spots, or they may be covered with them. In children it is usually a relatively mild illness.

Why should I be concerned about Chickenpox?

Chickenpox can be serious in people with a weakened immune system.

In adults, Chickenpox can be a much more significant illness than in children and there is a greater risk of complications developing, particularly in pregnancy.

What should I do if I think my child has Chickenpox?

If you suspect Chickenpox, do not bring your child into school and inform your GP before attending a surgery with them. Contact your GP if you are concerned or not sure it is Chickenpox.

Your child can take paracetamol to help with any pain and discomfort but do not use any ibuprofen products as it can cause skin infections with Chickenpox. Aspirin also should not be given to anyone under the age of 16.

If your child is normally healthy, Chickenpox is likely to be a relatively mild illness and no specific precautions are necessary. Symptoms usually develop 10 to 21 days after exposure.

The infected person can spread Chickenpox for up to three days before the rash appears and until the last spot has formed a scab.

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If your child has a weakened immune system, please contact your child's GP, or hospital consultant, and let them know that your child may have been exposed.

Can my child stay in school with Chickenpox?

Children with Chickenpox should be isolated from school until all spots are dry; this is usually five to seven days after the appearance of the rash to prevent spreading the infection to others. You can spread Chickenpox by being in the same room as someone. It is also spread by touching things that have fluid from the blisters on them. Children with spots that have all formed scabs can safely attend school if they feel well enough.

I am pregnant and have been exposed to a child with Chickenpox. What should I do?

Most adults are immune to Chickenpox as they have had the illness in childhood. If you have not had Chickenpox in the past and have had recent contact with Chickenpox you should contact your GP, who may wish to do a blood test to check if you are immune. If you get Chickenpox when you are pregnant, there is a small risk of your baby being very ill when it is born.

Complications and Co-circulation

Children who have had Chickenpox recently are more likely to develop more serious infection during an outbreak of Scarlet Fever and so parents should remain vigilant for symptoms such as a persistent high fever, skin infection and joint pain and swelling. If you are concerned for any reason, including dehydration, please seek medical assistance immediately.

Additional Information

Shingles is caused by the same virus as Chickenpox. A person with Shingles is infectious to those who have not had Chickenpox and should be excluded from education/childcare settings if they have a weeping rash that cannot be covered or until the blisters are dry and crusted over.

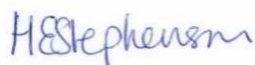
Impetigo is a skin infection that can be caused by the same bacteria that causes Scarlet Fever. If a child has suspected Impetigo, they should seek medical attention, usually via their GP. Children with Impetigo should be excluded from education or childcare settings until all sores or blisters are crusted over or 48 hours after commencing antibiotic treatment.

Thank you for giving this your attention. Your pharmacist will be able to answer any further questions that you might have, or you can visit:

<https://www.nhs.uk/conditions/scarlet-fever/> and <https://www.nhs.uk/conditions/chickenpox/>

The health, safety and wellbeing of our children and staff is extremely important to us and we thank you for your continued support.

Yours sincerely



Hannah Stephenson
Head Teacher