Appendix 8
Sample Notification Letters to Parents

Below is a selection of letters to parents informing them of certain infectious diseases that, after discussion with your local Department of Public Health, you may find useful to be able to send to parents. If a case appears in your school the letters may help to provide information for parents and to allay anxiety

Sample notification letters to parents for the following conditions are available:

1. Chicken Pox
2. Hand, Foot and Mouth Disease
3. Head Lice/Nits
4. Impetigo
5. MRSA
6. Ringworm
7. Rubella (German Measles)
8. Scabies
9. Scarlet Fever
10. Slapped Cheek Syndrome (Parvovirus B19)
11. Winter Vomiting Disease (Norovirus)/General Gastroenteritis

1. CHICKENPOX

Date: _____

Dear Parent or Guardian,

There has been a case of chickenpox in your child's school and your child may have been exposed. If your child has not had chickenpox before it is quite likely that he/she will catch it.

What is chickenpox?
Chickenpox is a common childhood illness. Fever and cold symptoms 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. These develop a little water blister, which in turn becomes yellow and oozy and ultimately crusty as it dries. The rash spreads outwards to involve the whole body finally involving the lower arms and legs. People may have only a few spots or may be virtually covered with them. In children it is usually a relatively mild illness however occasionally complications develop.

Why should I be concerned about chickenpox?
Chickenpox can be a devastating infection in people with a seriously weakened immune system (e.g. patients with leukaemia or after organ transplantation).

In adults, chickenpox is a much more significant illness than in children and there is a greater risk of complications developing. Chickenpox in pregnancy may cause severe illness and, in the early stages of pregnancy, may result in abnormalities in the baby.

What should I do now?
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 infection for up to three days before the rash appears and until the last pox is crusted and dry.

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.

What should I do if I think my child has chickenpox?
If you suspect chickenpox, do not bring the child into a crowded surgery waiting room, as this may only spread the infection further. Contact your doctor to confirm the diagnosis. Do not use aspirin or any products that contain aspirin to control fever if your child has chicken pox, as this has been associated with the development of a rare but serious disease called Reye's syndrome.

Can my child stay in school?
Many children with chickenpox are too sick to attend school and are more comfortable at home. Children can spread the infection to others as long as there are any spots, which are not crusted and dried. Children with chickenpox should be excluded from school until scabs are dry; this is usually five to seven days after the appearance of the rash. Children with spots that are crusted and dried can safely attend school.

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

Most adults in Ireland are immune to chickenpox as they have had the illness in childhood. If you have not had chicken-pox illness 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. Chickenpox infection in pregnancy may cause more severe illness and there may be a risk to the foetus.

Thank you for giving this your attention. Your GP will be able to answer any further questions that you might have about chickenpox.

2. HAND, FOOT AND MOUTH DISEASE

Date: _____

Dear Parent or Guardian,

There has been a case of hand, foot and mouth disease within your child's school and your child may have been exposed.

What is hand, foot and mouth disease?
This is a disease caused by a group of viruses which usually affects young children. It causes blisters on hands and feet, and mouth ulcers inside the cheeks and on the tongue. They may also have a sore throat and high temperature. These symptoms last for 7–10 days.

Is it dangerous?
No. All make a full recovery.

Is it the same as foot and mouth disease in cows?
No. A completely different virus causes foot and mouth disease in cows.

How is it spread?
The virus is spread by coughs and sneezes, and is also found in the faeces of infected children. Some children infected with the virus do not have symptoms but can still pass it to others.

Is there any treatment?
There is no specific treatment for hand, foot and mouth disease – it is usually a mild and self-limiting illness. If a child feels unwell paracetamol may help. Antibiotics and creams or ointments for the blisters are not effective. Children recover just as quickly without them.

What is the incubation period?
Symptoms start 3-5 days after exposure to the virus.

How long are children infectious?
Children who are ill are infectious. Also they may carry the virus in their faeces for many weeks after they have recovered and so can continue to pass on infection.

How long should children stay away from school?
Children who are unwell should be kept off school until they are feeling better.

Keeping children off school for longer than this is unlikely to stop the virus spreading. There may be other children in the school who appear well but are spreading the virus.

How can spread be prevented?
Since the virus is found in faeces, scrupulous attention must always be paid to hand washing after using the toilet.

Can you catch it more than once?
Yes, but children who are ill during an outbreak at school or nursery are unlikely to get it again during the same outbreak.

Thank you for giving this your attention. Your GP will be able to answer any further questions that you might have about hand, foot and mouth disease.

3. HEADLICE/NITS

Date: _____

Dear Parent or Guardian,

There has been a case of headlice in your child's school and your child may have been exposed.

What are headlice?
Headlice are little insects with moving legs. They are often not much bigger than a pin head, but may be as big as a sesame seed (the seeds on burger buns). They live on, or very close to, the scalp and don't wander far down the hair shaft for very long. They can only live on humans; you cannot catch them from animals.

What are nits?
Nits are not the same thing as lice. Nits are egg cases laid by lice, stuck on to hair shafts. They are smaller than a pin head and pearly white. If you have nits it doesn't always mean that you have headlice. When you get rid of all the lice, the nits will stay stuck to the hair until it grows out.

How are they spread?
Anyone can pick up headlice. They are most common among young children as they often put heads together during play allowing the lice walk from one head to the next. **Headlice do not reflect standards of hygiene. They are just as willing to live in clean or dirty hair.**

Can you stop them?
The best way is for families to learn how to check their own heads. This way they find any lice before they have a chance to breed. They can then treat them and stop them being passed round the family. The way to check someone's head is called "detection combing". This should be done regularly and in the case of a confirmed infection in one family member, the other members of the household should carry out "detection combing" twice weekly for one week.

How do I do detection combing?
You need a plastic detection comb, good lighting and an ordinary comb.

- Wash the hair well, then dry it with a towel. The hair should be damp, not dripping. A small amount of conditioner may help if the hair is tangled.
- Make sure there is good light, daylight is best.
- Comb the hair with an ordinary comb.
- Start with the teeth of the detection comb touching the skin of the scalp at the top of the head.
- Draw the comb carefully towards the edge of the hair.
- Look carefully at the teeth of the comb in good light.
- If there are headlice, you will find one or more lice on the teeth of the comb. A magnifying glass may be useful in identifying lice.
- Do this over and over again from the top of the head to the edge of the hair in all directions, working round the head.
- Do this for several minutes. It takes 10 to 15 minutes to do it properly for each head.

Who needs treatment?
Only treat those who have living, moving lice. If more than one family member has lice, treat all those at the same time.

How do I treat them?
A headlice lotion (not shampoo) should be used. Ask your local pharmacist, public health nurse or GP which lotion to use, and how long to leave it on. Follow the instructions that come with the particular product.

- Repeat treatment again seven days later, in the same way, with the same lotion.
- Check all heads a day or two after the second treatment. If you still find living, moving lice, ask your public health nurse or GP for advice.

4. IMPETIGO

Date: _____

Dear Parent or Guardian,

There has been a suspected case of impetigo in your child's school and your child may have been exposed. Although impetigo is not usually a serious condition, it is very infectious, and if not treated promptly complications may occasionally occur.

What is impetigo?
Impetigo is a bacterial infection of the skin caused by the same bacteria that commonly cause sore throats i.e. group A streptococci, although it can also be caused by *Staphylococcus aureus* or a mixture of the two. It can cause small blisters on the skin which break and become covered with a yellow crust. Impetigo commonly affects the hands and face although it can spread to other parts of the body especially if the skin is broken.

Who catches impetigo?
Anyone can catch impetigo, but most cases occur in crowded environments e.g. in children in schools.

How is impetigo spread?
Impetigo is usually spread by direct contact with someone who is infected or indirectly by sharing towels, face cloths, clothes or toys that have been used by someone who is infected. The bacteria are present in the skin lesions. Secretions from the rash/sores are infectious. Hands that touch the rash/sores can become contaminated and can pass the infection to other body sites or other people.

How is impetigo diagnosed?
Impetigo can usually be diagnosed by simply looking at it. If you suspect your child has impetigo, you should attend your GP for confirmation and treatment.

How is impetigo treated?
Your GP will usually prescribe an antibiotic ointment. Sometimes, if the rash is more extensive or is spreading rapidly, an oral antibiotic will be needed.

Should children with impetigo be excluded from school?
Children diagnosed with impetigo should remain out of school until the sores have stopped blistering or crusting, or until 24 hours after starting appropriate treatment.

How can you stop the spread of impetigo?
- All cases of impetigo should be treated appropriately and promptly.
- Good personal hygiene is important in preventing infection. Children and household members should be encouraged to wash their hands frequently especially after touching the rash/sores or applying skin ointment. Fingernails should be kept short.
- Children with impetigo should be discouraged from touching the sores/rash to prevent further spread.
- Cuts and scratches should be kept clean and any conditions that involve broken skin, e.g. eczema, should be treated promptly.
- Towels and face cloths should not be shared.

Your GP will be able to answer any further questions you may have on impetigo.

5. METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Date: _____

Dear Parent or Guardian,

What is MRSA?
Staphylococcus aureus is a type of bacteria (germ) that is often found on the skin and in the nose of healthy people. Most people who carry staphylococcus on their skin or in their nose (about one in three people) will not suffer any ill effects. People who carry these bacteria on their skin or in their nose without showing any signs or symptoms of infection are described as being "colonised".

Methicillin-**r**esistant ***S****taphylococcus* ***a****ureus* (MRSA) is a specific type of staphylococcus that no longer responds to many commonly used antibiotics such as penicillin.

Occasionally these bacteria cause infections (e.g. impetigo, boils, abscesses or infected wounds) if they enter the body through a break in the skin due to a cut, sore or surgical incision. This is most likely to occur in people who are already ill. A few people however, may develop more serious infections such as septicaemia, also known as a 'bloodstream infection', especially people who are already ill in hospital or who have long term health problems.

How is *Staphylococcus aureus* (including MRSA) spread?
Staphylococci (including MRSA) are usually spread from person to person on unwashed hands, particularly after having direct contact with a draining wound (e.g. cut or sore), but it can also be spread by touching items used by an infected person e.g. soiled dressings.

Should children with *Staphylococcus aureus* (including MRSA) be excluded from school?
Children known to carry *Staphylococcus aureus* (including MRSA) on the skin or in the nose do not need to be excluded from school.

Children who have draining wounds or skin sores producing pus will only need to be excluded from school if the wounds cannot be covered or contained by a dressing and/or the dressing cannot be kept dry and intact.

How can you prevent spread?
The main ways to prevent infection are to wash your hands and care for wounds properly.
- Hand washing with soap and running water is the most effective way to prevent the spread of infection.
- Keep cuts and scrapes clean and covered until healed; watch for signs of infection, such as pus, redness, warmth and swelling.
- Do not share personal items e.g. towels, facecloths, flannels, bedding and clothes.
- Cover infected wounds with clean dressings.
- If a dressing needs to be changed in school, gloves should be worn by the care giver and hands should be washed before and after changing the dressing.
- Discard soiled items (e.g. dressings) in a sealed plastic bag before placing it in a domestic waste bin.

Useful information on MRSA can be found at http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanAntimicrobialResistanceSurveillanceSystemEARSS/ReferenceandEducationalResourceMaterial/SaureusMRSA/

6. RINGWORM

Date: _____

Dear Parent or Guardian,

There has been a case of ringworm within your child's school and your child may have been exposed.

What is ringworm?
Ringworm is a fungal infection of the skin that can affect different parts of the body. How it looks depends on where it is. On the skin it presents as a roughly circular, scaly, itchy rash. Sometimes there may be small blisters and even pus filled spots. It can involve the nails, causing them to thicken and discolour. On the scalp it often starts as a small bump, gradually spreading outwards and is associated with hair loss. On the feet there may be cracking between the toes.

What should I do now?
As ringworm spreads through skin contact or through contact with infectious skin flakes shed into clothes or the environment, it can easily spread within a school. It is important that you check your child's skin and hair for the presence of any suspicious lesion.

What should I do if I think my child has ringworm?
If you see any suspicious areas on your child's skin or scalp, bring the child to your GP. The GP will be able to decide by looking at it directly, by examining it with special light, or by examining some skin cells under the microscope whether or not it is ringworm. Once the diagnosis is made treatment can be given. It is important that the rest of the family are checked for ringworm. Also check and treat symptomatic pets.

Can my child stay in school?
Yes. However, to prevent the spread of infection to others it is important that the affected child receives appropriate treatment.

Thank you for giving this your attention. Your GP will be able to answer any further questions that you might have about ringworm.

7. RUBELLA (GERMAN MEASLES)

Date: _____

Dear Parent or Guardian,

There has been a case of rubella within your child's school and your child may have been exposed. MMR (measles, mumps, rubella) vaccine is given at 12 months of age and as a preschool booster at 4-5 years. If your child received two MMR vaccines the chance of him/her developing rubella is extremely low. If, however, your child has not been vaccinated then it is quite possible that he/she might get rubella.

What is rubella?
Rubella is a mild viral illness that causes little problem for children. In childhood it causes a mild flu like illness with mild swelling of the glands, particularly those at the back of the neck, and a fine pinkish red rash. In addition adults can develop painful joints (arthritis).

Why should I be concerned about rubella?
If a pregnant woman develops rubella in the early stages of pregnancy her unborn baby may also be infected and the consequences can be devastating. Rubella infection in the unborn can cause severe developmental delay, eye defects, hearing problems and a wide variety of congenital abnormalities.

Who gets rubella?
Anyone who is not immune to it and who has contact with someone with rubella can get rubella. People who have either received rubella vaccine (part of the MMR) or who have had rubella should be immune. A simple blood test can tell whether or not you are immune to it. As many viral illnesses are similar to rubella, and are often mistaken for it, you cannot consider yourself immune unless you have had the blood test or been vaccinated with the rubella or MMR vaccine.

What should I do now?
If you and your child have received rubella vaccine or you have been tested and know that you are immune, there is no need for concern. If your child has not received MMR vaccine, bring them to your GP for vaccination. The vaccine will not protect them if they have been exposed this time, but it will protect them from future exposures. If you are pregnant or likely to become pregnant, please contact your GP and find out whether or not you are immune to rubella. If you are not immune (and are not pregnant) you should contact your GP and arrange to get the vaccine.

What should I do if I think my child has rubella?
If your child develops a flu-like illness, with a fine red rash and swelling of the glands behind the ears, arrange for your doctor to see the child. He will be able to tell you if it looks like rubella and will advise you what to do. If you suspect rubella, do not bring your child into a crowded surgery waiting room, as this may only spread the infection further. There is no treatment for rubella and symptoms resolve over a few days.

Can my child stay in school?
Children with rubella must stay at home until at least seven days after the appearance of the rash.

Thank you for giving this your attention. Your GP will be able to answer any further questions that you might have about rubella and the MMR vaccine.

8. SCABIES

Date: _____

Dear Parent or Guardian,

There has been a case of scabies within your child's school and your child may have been exposed. We are bringing this to your attention because scabies can spread rapidly unless all affected children are promptly treated.

What is scabies?
Scabies is an infestation of the skin with a tiny mite smaller than a pinhead. The mites burrow anywhere in the skin, mostly on hands, and cannot be seen. The rash is caused by the body's reaction to the mite and the scratching that occurs.

How could my child get scabies?
Anyone can get scabies. The mite passes from person to person through skin contact. Scabies is unlikely to be caught by short contact such as shaking hands. Longer contact is needed but could be as little as 5 to 10 minutes. Children playing together are especially likely to pass it from one to the other. The itching may occur anytime from two to eight weeks after catching the mites, so mites can pass to someone else before the rash appears.

How will I know if my child has scabies?
If your child develops an itchy rash bring them to their doctor.

What should I do if my child has scabies?
A variety of special lotions and creams that kill mites are available at the pharmacy. It is best to see your doctor first to be sure that it is scabies. It is important to follow the instructions that come with the lotion carefully, as there are a number of different preparations available. As spread within households is common, it is a good idea to treat all family members at the same time even if there are no symptoms

Thank you for giving this your attention. Your GP or pharmacist will be able to answer any further questions that you might have concerning scabies and the preparations available to treat it.

9. SCARLET FEVER

Date:

Dear Parent or Guardian,

There has been a case of scarlet fever within your child's school and your child may have been exposed.

What is scarlet fever?
Scarlet fever is a scattered red rash and high temperature caused by bacteria (Group A streptococci). Occasionally these bacteria can cause kidney or heart complications. Prompt treatment with an antibiotic usually prevents these complications. Treatment will also prevent spread to others.

What are the symptoms of scarlet fever?
A scattered red rash that is often most marked in the creases of the joints and over the stomach. It usually blanches (goes white) when pressed on. The skin may feel rough to the touch, sometimes described as feeling like sandpaper. Someone with scarlet fever will have evidence of a streptococcal infection somewhere, usually in the throat or sometimes in the skin.

What should I do if I think my child has it?
If your child develops any of these symptoms bring him/her to your GP for examination. Tell the doctor that another child in the school has scarlet fever.

If my child has scarlet fever what should I do?
The doctor will prescribe an antibiotic for your child. It is important that your child takes the full course of medicine.

Can my child stay in school?
Your child can return to school when he/she is well and has finished one full day of antibiotic treatment.

What can I do to prevent spread of infection at home?
The bacteria are spread through contact with nose and mouth secretions so:
- Wash hands thoroughly after wiping nose.
- Wash hands thoroughly before preparing food.
- Wash dishes well in hot soapy water.
- Do not share cups, straws, spoons, eating utensils etc.
- Do not share toothbrushes.

Thank you for giving this your attention. Your GP will be able to answer any further questions that you might have concerning scarlet fever.

10. SLAPPED CHEEK SYNDROME (PARVOVIRUS B19)

Date:

Dear Parent or Guardian,

There has been a case of slapped cheek syndrome (sometimes called Fifth Disease) which is caused by the parvovirus B19 virus in your child's school and your child may have been exposed.

What is "Slapped Cheek Syndrome"?
It is a mild rash illness that occurs most commonly in children. The ill child typically has a 'slapped-cheek' rash on the face and a lacy red rash on the trunk and limbs. Occasionally, the rash may itch. An ill child may feel unwell and have a low-grade fever or a 'cold' a few days before the rash breaks out. The child is usually not very ill, and the rash resolves in 7 to 10 days.

Can adults get parvovirus B19 infection?
Yes, they can. An adult who is not immune can be infected with parvovirus B19 and either have no symptoms or develop the typical rash of slapped cheek syndrome, joint pain or swelling, or both. The joint pain and swelling usually resolve in a week or two, but may last longer. However, most adults have previously been infected with parvovirus B19 and have developed life-long immunity to the virus and cannot become infected again.

Is parvovirus B19 infectious?
Yes. A person infected with parvovirus B19 is infectious during the early part of the illness, before the rash appears. By the time a child has the characteristic 'slapped cheek' rash he/she is probably no longer contagious.

How does someone get infected with parvovirus B19?
Parvovirus B19 has been found in the respiratory secretions (e.g. saliva, sputum, or nasal mucus) of infected persons before the onset of a rash, when they appear to "just have a cold". The virus is probably spread from person to person by direct contact with those secretions, such as sharing cutlery, cups, drinks, drinking glasses etc.

Is parvovirus B19 infection serious?
Parvovirus B19 is usually a mild illness that resolves on its own. Parvovirus B19 infection may cause a serious illness in persons with chronic red blood cell disorders (e.g. sickle cell anaemia or spherocytosis) or a weakened immune system. Rarely, serious complications may develop from parvovirus B19 infection during early pregnancy.

Can parvovirus B19 infection be prevented?
There is no vaccine or medicine that prevents parvovirus B19 infection. Frequent hand washing is recommended to decrease the chance of becoming infected. People should also avoid sharing cutlery, cups, drinks, drinking glasses etc.

Should children with parvovirus be excluded from school?
Excluding pupils with slapped cheek syndrome from school is not likely to prevent the spread of the virus. People are infectious before they develop the rash and it becomes clear that they have slapped cheek syndrome. Cases of slapped cheek syndrome in a school most commonly happen when the infection is spreading in the community.

I am pregnant and have been exposed to a child with parvovirus B19. What should I do?
You should contact your doctor, who may wish to do a blood test. Usually, there is no serious complication for a pregnant woman or her baby if exposed to a person with slapped cheek syndrome. Most women are already immune to parvovirus B19, and these women and their babies are protected from infection and illness. Even if a woman is susceptible and gets infected with parvovirus B19, she usually experiences only a mild illness. Likewise, her unborn baby usually does not develop any problems due to parvovirus B19 infection. However, sometimes parvovirus B19 infection may cause miscarriage or severe anaemia in the unborn baby. There is no evidence that parvovirus B19 infection causes birth defects or developmental delay.

11. NOROVIRUS (WINTER VOMITING DISEASE)

Date:

Dear Parent or Guardian,

There have been cases of norovirus (winter vomiting disease) within your child's school and your child may have been exposed.

What is winter vomiting disease?
A virus known as norovirus causes winter vomiting disease. The virus usually causes short-lasting outbreaks but is very contagious. The infection has caused many outbreaks in the community and in health care settings in recent years.

What are the symptoms of winter vomiting disease?
Symptoms can include:
- Nausea (often sudden onset)
- Vomiting (often projectile)
- Crampy abdominal pain
- Watery diarrhoea
- High temperature chills and muscle aches.

Symptoms begin around 12 to 48 hours after becoming infected. The illness is usually brief, with symptoms lasting only about 1-2 days. However, illness may be prolonged in some people (usually the very young or elderly). In more severe cases it may cause dehydration and require hospital treatment.

If you have any specific concerns about your child you should contact your GP.

How is winter vomiting disease spread?
People can become infected with the virus in several ways, including:
- Contact with an infected person, especially contact with vomit or faeces.
- Contact with contaminated surfaces or objects and then touching eyes, nose or mouth.
- Consuming contaminated food or water.

What can be done to prevent infection?
It is often impossible to prevent infection; however, taking good hygiene measures around someone who is infected can decrease your chance of getting infected.

- Wash hands frequently including before eating or preparing food and after toilet use.
- Thoroughly clean and disinfect contaminated surfaces immediately after an episode of vomiting or diarrhoea by using a bleach-based household cleaner.
- Flush or discard any vomit and/or faeces in the toilet and make sure that the surrounding area is kept clean.

Are noroviruses contagious?
Noroviruses are very contagious and can spread easily from person to person. Both faeces and vomit of an infected person contain the virus and are infectious. People infected with norovirus are contagious from the moment they begin feeling ill to two to three days after recovery. Some people may be contagious for as long as two weeks after recovery.

It is important for people to use good hand washing and other hygienic practices after they have recently recovered from a norovirus infection. In addition, noroviruses are very resilient and can survive in the environment (on surfaces etc.) for a number of weeks. Therefore it is important that surfaces and objects that may have become contaminated are cleaned thoroughly.

Can my child stay in school?
It is extremely important that people who have been ill with vomiting or diarrhoea **should remain off school or work while symptomatic and for two full days after their last episode of vomiting or diarrhoea.**

Thank you for giving this your attention. Your GP will be able to answer any further questions that you might have about winter vomiting disease.