

Chickenpox

Chickenpox is a highly infectious virus transmitted directly by personal contact. Vesicles appear on the face and scalp, spreading to the trunk and abdomen then eventually to the limbs.

Healthy children are contagious from two days prior to the onset of the rash until spots are dry, although this may be prolonged in immunosuppressed children, such as those who have had chemotherapy.

Children usually get chickenpox 11-20 days after they have come into contact with it, but this can be longer (up to 28 days if the patient has received VZIG – see below).

If your child is exposed to chickenpox

If your child does not have immunity to chickenpox they are at risk of catching it if they come into contact with someone with the illness. If your child has had chickenpox before they were diagnosed, then it is likely they will be immune, but we will check this with a blood test when they start treatment. Unless your child is having very intensive treatment (such as a stem cell transplant) then they should keep their immunity and we do not need to repeat the blood test. Check with your child's doctor or POONS if you are not sure if they are immune.

If your child has immunity to chickenpox and is having standard radiotherapy or chemotherapy, you do not need to do anything if they come into contact with chickenpox. In the unlikely event of your child developing any spots or signs of chickenpox, then let us know straight away.

If your child is not immune to chickenpox or is likely to have lost immunity (e.g. they have had a stem cell transplant) then you need to let us know if they have a significant contact with the virus. Contact with chickenpox is considered significant if:

your child is with someone with chickenpox at any time between 48 hrs before the onset of the other person's rash until they have no new spots and the spots are crusting.

and.. the contact is in the same room (or hospital bay/classroom) as an infected individual for 15 minutes or more, or if they have any direct face-to-face contact.

If you think your child has been in contact with someone with chickenpox please contact the Piam Brown day ward or your local hospital as soon as possible.

Shingles – though also caused by the varicella-zoster virus that causes chickenpox – is less contagious. If your child is in contact with someone with shingles, then please contact us to discuss.

Prevention of chickenpox

If your child is not immune and has had a significant exposure to chickenpox then there are two options to reduce the chances of them getting the virus:

- Varicella Zoster Immune Globulin (VZIG): VZIG is given by intramuscular injection and provides protection for 3-4 weeks.

or

- Oral aciclovir: this is a medicine which needs to be given four times a day by mouth for two weeks.

There are pros and cons to each of these options, and some oncology centres in the UK recommend one whilst others recommend the other. There is no evidence to say which is better at preventing chickenpox. In Southampton we have generally recommended the injection (VZIG) but we are very happy for your child to have aciclovir instead if you think they will take all the doses (56 in total!). Your child's doctor will talk to you about which option you would prefer.

Information for after chickenpox prevention treatments

- Your child could still develop chickenpox, despite having had VZIG or aciclovir
- After VZIG, the incubation period is prolonged, up to 28 days
- If your child develops chickenpox, they will need admission for IV (intravenous) aciclovir
- VZIG contains chickenpox virus-fighting antibodies which can reduce the symptoms of chickenpox and lower the risk of complications. Re-exposure after 3-4 weeks may require further dose(s) of VZIG or aciclovir.

Siblings and chickenpox

If your child does not have immunity to chickenpox we recommend that siblings who have not had chickenpox receive the chickenpox vaccination. Though it is not part of the NHS childhood immunisation programme, brothers and sisters of children who are receiving treatment for cancer or who are undergoing chemotherapy should be able to receive this vaccination via their GP surgery on the NHS.

If the sibling has not had chickenpox their immunity does not need to be tested with a blood test before having the vaccine.

Though the chickenpox vaccination is a live vaccine, the risk of the immunocompromised child catching chickenpox from their vaccinated sibling is very low, and the risk of them catching chickenpox without the vaccine is likely to be higher.

If you are having difficulty in obtaining this vaccination, you may require a letter from your child's consultant. Your doctor, nurse or POONS will be able to provide you with further advice.

Parents and chickenpox

It is unusual for adults not to be immune to chickenpox. You may have had it as a child without realising – your GP may have it noted on your medical records. If there is nothing in your notes, your GP can carry out a blood test to see if you have immunity to chickenpox.

Even if you are not immune, there is comparatively less chance of an adult catching chickenpox, as generally adults are in contact with less infected people, i.e. children at pre-school. Parents can receive the chickenpox vaccine if you are not immune, and you think you will be in contact with other children who may be infected.

If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone **023 8120 4688** for help.

www.uhs.nhs.uk/childrenshospital