

## Information

# Chickenpox in Immunosuppressed Children

Name:

# Key Points

- Chickenpox is a common childhood illness caused by a virus.
- It is very easy to catch.
- Most cases of chickenpox are mild and children get better completely BUT some children taking immune suppressive medicine can get very sick with chickenpox affecting their lungs, brain, eyes as well as skin.
- It is important you know if your child is protected against (“immune to”) chickenpox or not.
- If your child is **NOT immune** and is in contact with someone with chickenpox (in the few days before they develop it or until blisters have completely dried up/ scabbed over) ask a Dr the SAME day whether you need to come for special treatment to prevent them getting chickenpox.
- If your child develops a rash you suspect might be chickenpox (whether you think they are immune or not) bring them to see a Dr THAT SAME day.



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## Who is at risk of getting chickenpox?

You are at risk of getting chickenpox if you have never had chickenpox **and** haven't had the chickenpox vaccine. The chicken pox vaccine (varilix) is now on the routine childhood vaccination schedule at 15 months of age. Your GP will have a record of whether your child has received it.

Chickenpox is more common between the ages of 2 and 10 years. If one child in your household gets it, it is almost certain that others who have never had chickenpox or the vaccine will get it.

**YOUR CHILD CANNOT HAVE THE CHICKENPOX VACCINATION IF THEY ARE TAKING IMMUNOSUPPRESSIVE MEDICATIONS AND CANNOT HAVE THE VACCINATION FOR A MONTH AFTER STOPPING THEM**

It is important to know if your child is immune to chickenpox (has antibodies in their blood that can fight chickenpox) or not. This can be done with a blood test (VZV IgG). Your health provider will tell you if your child is immune or not.

Date of last immunity test: \_\_\_\_\_

Result: \_\_\_\_\_

If your child is VZV IgG positive, they have immunity to chickenpox and have a very low risk of getting chickenpox.

**IF YOUR CHILD IS NOT IMMUNE TO CHICKENPOX AND IS IN DIRECT CONTACT WITH A CASE OF CHICKENPOX YOU MUST MAKE CONTACT WITH YOUR DOCTOR/LOCAL EMERGENCY TO DETERMINE IF THEY NEED SPECIAL TREATMENT TO PROTECT THEM FROM GETTING CHICKENPOX**

## What are the symptoms of chickenpox?

Chickenpox can often start with a fever, headache, runny nose, cough, loss of appetite or tiredness.

A red rash follows 1 to 2 days later. It usually starts on the face and scalp, spreads to the chest, back and tummy and then to the arms and legs. It can also appear inside the ears, on the eyelids, inside the nose and mouth, and even around the genital area. The rash continues to spread for 3 or 4 days. It usually becomes very itchy.

Blisters form and may appear full of yellow fluid. The blisters release liquid containing the virus, then form crusts or scabs that fall off after 1 to 2 weeks. The spots heal at different stages, some faster than others, so your child may have the rash in several different stages at once. Some children have mild chickenpox with under 50 spots. Others have a miserable time with hundreds of spots.



## How is chickenpox spread?

Chickenpox is very easy to catch (it's highly contagious).

The chickenpox virus spreads through the air (by coughing and sneezing) and by direct contact with mucus, saliva, or liquid from blisters. You can catch the chickenpox virus from touching clothing or other objects that have the blister liquid on them.

The incubation period is the time from when your child comes into contact with a person with chickenpox, to when the first symptoms appear. The incubation period for chickenpox is usually 14 to 16 days but can range from 10 to 21 days. **A child is infectious 1-2 days before they get the rash until all the blisters have dried up. This usually takes 5 to 7 days.**

## What to do if an immunosuppressed child with no chicken pox immunity is exposed to chicken pox or has it?

- Contact your local health provider; GP / nurse specialist / community nurse immediately
- Contact/exposure only - an infusion of immunoglobulins (antibodies against chickenpox) or antiviral medicines can be given to minimise the risk of developing chickenpox.
- Chickenpox symptoms - **Children on immune suppressive medicines should have antiviral medicine to treat chickenpox.** They need to be assessed by a GP or specialist as they may require hospital admission. They should stay away from daycare or school, and public places, while they are infectious. Once scabs form on all the spots, your child is no longer infectious. They may go back to school when the spots are all scabbed over and dry. This can take around 5-7 days.

## How do I care for my child at home?

- make sure your child drinks plenty of water
- trim nails short and consider using mittens or clean socks to decrease the risk of infection from scratching, especially overnight
- dress your child in loose-fitting clothing and change the bed linen daily
- when blisters in the mouth and throat affect drinking and eating, offer clear cool drinks and soft bland foods - avoid acidic drinks such as fruit juices
- you could try giving your child a cool or lukewarm bath but do not use soap as it can dry out your child's skin. Try adding oatmeal, baking soda or moisturising bath lotion to the water. Pat skin dry, do not rub, after bathing

For many years, people have used calamine lotion to help with the itch from chickenpox and found it may relieve itching. There's really no clear evidence around its use. Calamine is generally considered to be safe although some suggest it may dry the skin too much.

If your child with chickenpox also has eczema, and the above steps are not controlling the itching, you might like to speak to a health professional for further advice.

## Can I use medicines to relieve chickenpox symptoms?

If your child is miserable because of a fever, headache or other aches and pains, you can give paracetamol to make them more comfortable. You must follow the dosage instructions on the bottle. It is dangerous to give more than the recommended dose.

### **You should avoid the following:**

- aspirin - **never** give your child aspirin as this can lead to Reye syndrome, a rare serious illness
- ibuprofen (Nurofen, Brufen) - the use of ibuprofen may be associated with more severe skin and soft tissue infections after chickenpox

## Are there likely to be complications?

In the majority of children, chickenpox is a mild illness and they get better completely. Sometimes, scarring from the spots can occur.

There can sometimes be complications which require a hospital stay or intensive care.

### **Children on immunosuppression medication are at increased risk of complications.**

The most common complication is a secondary skin infection which needs treatment with antibiotic medicine. Bacterial skin infections can lead to bacterial infection in other parts of the body, including pneumonia and bloodstream infection (septicaemia).

Other rare complications include encephalitis (brain inflammation)/ severe secondary infections needing intensive care/ death - in very rare cases, children can die of complications from chickenpox.

## Information for schools / childcare facilities

Please inform parents of children who are immunosuppressed if there is a child diagnosed with chicken pox in their class.

Also inform parents if there are more than 2-3 cases of chicken pox elsewhere in the school / childcare facility.

In the above cases, if the immunosuppressed child is non- immune they should stay at home and seek advice from health professionals. If the child is given the immunoglobulins with chicken pox immunity in it, they can return to school and should be immune to chickenpox for the following 4 weeks.

