

Chickenpox

Chickenpox is a common childhood infection caused by the varicella-zoster virus. Most children get chickenpox at some stage, most commonly before the age of 10. During the infection the body's immune system makes antibodies which provide lifelong immunity. Therefore it is uncommon to have more than one bout of chickenpox in a lifetime.

Chickenpox is very infectious. It is usually a mild illness in children but it can be harmful to people with an impaired immune system, older people and people with cancer, very young babies and pregnant women.

We get many requests to see children to confirm a diagnosis of chickenpox. We understand that it is important to know because it can affect whether your child can go to nursery and therefore whether you can go to work. It can also affect holidays as children cannot fly if they have chickenpox. However chickenpox is usually easy to recognise and we would like to empower you to make the diagnosis yourself. This will save time for you and also mean that we do not bring an infectious disease into the surgery where there may be people with impaired immunity in the waiting room.

Please note, if you are an adult with chickenpox or a child over 12, if you are pregnant or have impaired immunity including people on oral steroids then you will need to speak to us as soon as possible. Symptoms in these groups tend to be more severe and there is an anti-viral drug called Aciclovir which can be used if we see you within 24 hours of the onset of the rash. You may need to call the out of hours service at weekends.

Symptoms of chickenpox

Symptoms can begin a day or two before the rash and may include:

- feeling tired or unwell
- temperature
- headache
- aching in muscles
- feeling sick
- loss of appetite

Not everyone develops these symptoms. They are commoner in older children and adults.

The rash of chicken pox has three phases - these pictures are from the NHS Choices website.

Phase 1 - spots



The rash starts as small red, raised spots. They usually appear first on the face or trunk before spreading to other parts of the body. There may just be a few spots or there may be hundreds covering most of the body. Spots can appear on the palms of the hands, soles of the feet and around the bottom or genitals.

Phase 2 - blisters



During the following hours or the next day the spots develop a fluid filled blister on the top. The blisters may be very itchy.

Phase 3 - scabs and crusts



Over the next few days, the fluid in the blister turns cloudy and the blisters begin to dry out and scab over. New spots may keep appearing for a few days after the rash starts so there may be a mixture of spots, blisters and scabs at the same time.

Chicken pox is infectious until every blister has scabbed over, which usually occurs by around 5-6 days after the rash started.

Management of chickenpox

In an otherwise healthy child chicken pox is usually a mild illness. There is no specific treatment required and chickenpox just gets better on its own.

- maintain an adequate fluid intake
- minimise scratching
- avoid contact with pregnant women, very young babies and anyone with impaired immunity
- Paracetamol can be given for fever (note Ibuprofen should be avoided in chickenpox)
- Itching can be helped by sedative antihistamines eg Piriton (available over the counter) and moisturisers. Calamine is no longer recommended.

Complications

These are rare but if you are concerned about any of the following then you will need to contact us.

- Secondary bacterial infection of lesions can occur usually because of scratching. The spots will be red and painful and may ooze.



- Pneumonia is rare but can be very serious. It occurs three or four days after the onset of the rash and causes chest pain, shortness of breath, wheezing and rapid breathing
- Encephalitis is also rare. It presents with confusion, irritability, drowsiness and vomiting. Weakness, inability to walk, severe headache and neck stiffness can also occur.

Chickenpox in pregnancy

If a pregnant woman catches chickenpox in the first 20 weeks of pregnancy there is a small risk of congenital varicella syndrome in the developing fetus. The risk is low at <2%. If a woman has a history of chickenpox herself as a child then she is at no risk from contact with chickenpox. If she has no such history then a blood test will be needed to see if she has immunity. Please contact us in these circumstances.

For further information about chickenpox and pregnancy please look at the following links:

<http://patient.info/health/chickenpox-contact-and-pregnancy>

<http://www.nhs.uk/chq/Pages/2591.aspx>

<http://www.nhs.uk/chq/Pages/1109.aspx?CategoryID=54&SubCategoryID=137>

Other web links for more information about chickenpox:

<http://www.nhs.uk/Conditions/Chickenpox/Pages/Introduction.aspx>

<http://patient.info/health/chickenpox-in-children-under-12>

<http://patient.info/health/chickenpox-in-adults-and-teenagers>