



# CHICKENPOX (VARICELLA) AND SHINGLES

Chickenpox is a very contagious disease caused by the varicella-zoster virus. It usually begins with a mild fever and an itchy rash. The rash starts with crops of small red bumps on the stomach or back and spreads to the face and limbs. The red bumps rapidly become blistered, oozy and then crust over. People may have only a few bumps or may be totally covered.

Once a person has had chickenpox, the varicella-zoster virus stays without symptoms in the body's nerve cells. In some people (for unknown reasons), the virus can become active again at some later time as "shingles" or zoster. This problem includes a red, painful, itchy, blistering rash, usually in the line along one side of the body. There is no fever. The virus is shed in the blister fluid of the rash and can cause chickenpox in a person who has not had it, if that person has direct contact with the infected shingles blisters.

## **Who gets this disease?**

Anyone who is exposed to chickenpox and has not had it before has a very good chance of developing chickenpox. It is most common in school-aged children. If you have had chickenpox once, second attacks are very rare. Shingles is most common in adults, as a person must have already had chickenpox to develop shingles.

When a pregnant woman or a person with a weak immune system who has not had chickenpox is exposed he/she should contact a physician.

Chickenpox does not cause serious illness in healthy children. Adults may, occasionally, be seriously ill with chickenpox.

## **How is it spread?**

Chickenpox is contagious from two days **before** the rash appears to five days **after** the appearance of the first crop of vesicles. *It is* spread by close contact (i.e., sharing breathing space or direct touching contact) with infected secretions from the nose, throat or rash.

## **How soon do symptoms appear?**

The symptoms generally appear from 13-17 days but in some cases can occur as early as 11 days or as late as 21 days after contact. Chickenpox and shingles are usually diagnosed by the typical appearance of the rashes.

## **What is the treatment?**

The chickenpox symptoms may be treated with anti-itching medicine and lotions, fever control, fluids and rest. Because of a possible association with Reye's Syndrome (i.e., vomiting, liver problems and coma), salicylate-containing products (i.e., aspirin) should not be used for fever control. Acetaminophen may be used for fever control. Scratching should be avoided because it can cause infection and scarring. A medication to decrease the severity of symptoms is available for high-risk children. This must be given within 24 hours of the onset of rash. Please consult the Division of Public Health Services, Communicable Disease Control Section or the child's physician for more information.

## **How can the spread of this disease be prevented?**

A vaccine is available and recommended to be given at 12 to 18 months of age. The ACIP recommends that children attending daycare facilities and schools be vaccinated for chickenpox. New Hampshire currently mandates varicella vaccination for school or daycare attendance. ACIP

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## **(cont.)**

also recommends that daycare workers, who have no history of chickenpox disease, be tested for immunity. If testing shows susceptibility, 2 doses of varicella vaccine should be administered separated by one month.

Each childcare facility should have a system so that it is notified if a child or staff member develops chickenpox or shingles. This is so the facility may take appropriate measures if there is a pregnant or immunocompromised member in the facility. (Recently the Advisory Committee on Immunization Practice has recommended the use of varicella vaccine for susceptible persons who have been exposed to varicella).

The childcare facility should watch closely for early signs of chickenpox in other children for three weeks following the most recent case. If a child or staff member develops a suspicious rash, he/she should be sent to his/her healthcare provider so that the rash can be diagnosed. However, chickenpox is highly contagious and in spite of your best efforts, you will probably have several more cases if children have not already had the disease.

### **Who should be excluded?**

*Children should be excluded from daycare after the rash eruption first appears and until the vesicles become dry.* In certain situations exposed unvaccinated children without symptoms do need to stay at home. Generally exposed children, who have been vaccinated, do not need to stay at home. Adults with shingles should be excluded if vesicles/blisters cannot be covered.

### **Reportable?**

Yes, chickenpox is reportable by New Hampshire law to the Division of Public Health Services, Communicable Disease Control Section at (603) 271-4496 or 800-852-3345 ext. 4496.