

PREVENTION

- A vaccine is available for chickenpox. The vaccine is a live attenuated vaccine. It should be stored at 2 – 8°C.

Children: 1 –12 years: single dose. It can be given at same time as MMR but at different sites. If given separately, should be separated by at least 30 days. It offers 90% protection.

Adults: >13 years: two doses; second dose repeated after 4 – 8 weeks. It offers 75% protection.

5% of children and 10% of adults develop vaccine-related rash within 1 month of immunisation. The risk of transmitting the vaccine virus from vaccinated people to others is very low.

- Varicella Immunoglobulin is recommended for:
 - a) Varicella zoster antibody negative pregnant mothers who come in contact with a case of chicken pox at any stage of pregnancy (within 10 days of initial exposure) So CONTACT your doctor immediately if you are pregnant and come in contact with chickenpox
 - b) Neonates:
 - i) whose mother had chickenpox 7 days prior to delivery upto 7 days after,
 - ii) who come into contact with a case of chickenpox (but 48 hrs

have not elapsed since first exposure) and:

- a) are less than 7 days old OR
 - b) premature (less than 28 weeks) OR
 - c) less than 1 kg birth weight OR
 - d) received repeated blood sampling OR
 - e) on SCBU (Special Care Baby Unit)
- Infected children and adults should stay at home until the spots become dry.
 - Should not share clothes, towels between family members

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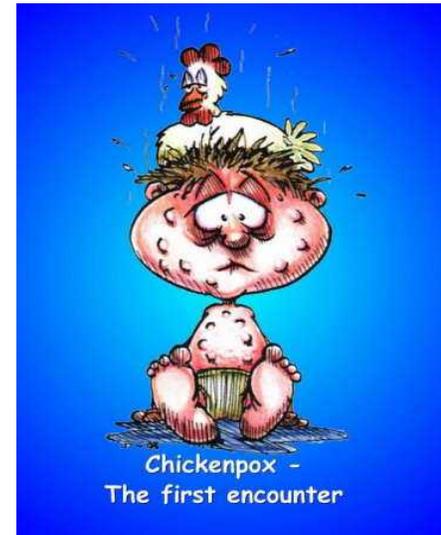
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CHICKENPOX



CHICKENPOX



Chicken pox is an infection caused by the Varicella zoster virus. It is a highly contagious illness and occurs most commonly in late winter or early spring. Once the symptoms have cleared up, the virus remains in the body and can reactivate later on in life as **shingles**. This causes painful skin blisters mainly on chest and abdomen. Shingles cannot be reactivated by chickenpox.

INCUBATION PERIOD

2 - 3 weeks (commonly 14 - 16 days).

SIGNS AND SYMPTOMS

- Loss of appetite
- Decreased activity
- Low grade fever
- Itchy red spots on scalp, face and trunk, arms and legs. (the spots become blisters,



then open sores and finally crust)

Complications (rare):

- Pneumonia (viral & bacteria)
- Secondary bacterial infections
- Haemorrhagic complications
- Encephalitis

TREATMENT

There is no effective treatment for children who develop *uncomplicated* chickenpox.

In adults, antiviral treatment, prescribed by a medical doctor, if taken at an early stage of the illness are very effective. It helps to minimise the number of blisters and damage to the nerves, decreasing the risk of complications and post-herpetic neuralgia.

MODE OF TRANSMISSION

From person to person:

- Direct contact
- Droplet or airborne spread of secretions from the respiratory tract
- Vesicle fluid of patients

Indirect contact:

- Through articles freshly soiled by discharges from vesicles of infected persons

Scabs are NOT infective.

WHO'S MORE SUSCEPTIBLE

- Tends to be more severe in adults, infection may remain latent and may occur years later as shingles
- Leukaemia patients
- Newborn whose mother is not immune
- People suffering from cancer
- Immunosuppressed people

CHICKENPOX IN PREGNANCY



The pregnant mother should immediately inform her obstetrician if she develops chickenpox or comes into contact with a case to discuss the necessary treatment. Risk to the unborn child depends on the stage of pregnancy.

Varicella infection during the first trimester of pregnancy can cause spontaneous abortion but, overall, the risk is not significantly increased

During the third trimester, maternal chickenpox can lead to premature onset of labour.

Maternal chickenpox within five days prior to delivery and up to 48 hours postpartum is associated with a high mortality rate. New born death is around 30%.