

Common Childhood Diseases

More information on managing specific infectious diseases can be found in chapter nine of the [Health protection in schools and childcare facilities](#) guidance.

Chickenpox and Shingles



What is it?

Chickenpox and shingles are caused by the same virus which causes an itchy rash starting with flat red spots that become raised and filled with fluid. Chickenpox is usually a mild childhood illness but there is a risk of complications in people who have a weakened immune system, including young babies and pregnant women.

What are the symptoms?

Chickenpox usually begins with the onset of a slight fever, feeling generally unwell for a couple of days before the spots appear.

The spots can appear everywhere, they usually begin on the scalp/face and back, but they can be seen inside the mouth and genitalia. It is rarely seen on the palms of the hands and soles of the feet. The rash is very itchy. The spots leave scarring if they are scratched and become infected.

The spots look flat and red; these later become raised and filled with fluid. Most children become free from chickenpox in less than two weeks.

Is it infectious?

Chickenpox is spread from person to person; the virus is shed from the nose or throat as droplets or by direct contact. The fluid inside the spot is infectious. Chickenpox is highly infectious during its early stages from one - two days before until five days after spots first appear.

What is the incubation period?

The incubation period of chickenpox is between 13 and 17 days after contact with the infected person. The following groups of people should seek advice from their GP if they are exposed to chickenpox and do not remember if they have been previously infected with the virus:

- Pregnant women
- Babies whose mothers developed chickenpox in the first 28 days of their life

- People who are immunosuppressed (e.g. people having large doses of oral steroids or receiving chemotherapy for cancer / leukaemia / HIV related illness).

Although chickenpox is a mild disease in normal healthy children, it can be serious in individuals whose immune systems are impaired in any way such as those on treatment for leukaemia or who have had a transplant. Many of these individuals may be immune to chickenpox or may have had the vaccine and so are protected but it is important to let their parents know if there is a case of chickenpox in school as they can then take action if necessary (this would usually mean an injection of protective antibody from the doctor).

What is the treatment?

The most common treatment for chickenpox is aimed at relieving the symptoms:

- A pharmacist can recommend effective itch-relieving products
- Ice lollies may help to reduce a fever
- Paracetamol can be given according to the age of the child. Aspirin must not be given to children under 16yrs old. Ibuprofen should not be given to children with chickenpox.
- Nails should be kept short to prevent damaging the skin from scratching
- Wear loose, cool clothes and keep the room temperature cool as this may help to reduce itching

Are there any complications?

The majority of people affected by chickenpox suffer no long-term effects however there is an increased risk that individuals could develop shingles later in life due to the virus remaining dormant in the body following chickenpox then reactivating later.

Bacterial infections can arise if the blistered areas become contaminated with bacteria. If chicken pox is circulating in the school at the same time as infections like scarlet fever, contact the health protection team for further advice.

Very occasionally chickenpox infection causes pneumonia, which presents as a persistent high fever and a severe dry cough

Very rarely it can lead to a condition called encephalitis. This is an inflammation of the brain which can occur between seven days and ten days after the onset of the rash. Encephalitis is very rare, and would present with symptoms of drowsiness, headache, neck stiffness, dislike of bright lights and possibly convulsions.

What is the exclusion period for chickenpox?

Individuals should be kept away from school for at least five days from onset of rash AND until all lesions have crusted over.

Is it necessary for individuals with chickenpox to see their Doctor?

There is no requirement to routinely visit a general practitioner if the affected individual has uncomplicated chickenpox. Chickenpox is a self-limiting illness for most children who will usually be completely better within two weeks. Taking the child to a busy doctor's surgery increases the risk of further spread of the virus and there is no specific treatment other than that available from a local pharmacy to relieve symptoms. It is worth recording that a child has had chickenpox on their immunisation record sheet.

What is shingles and how is it different from chickenpox?



Shingles, also known as zoster or herpes zoster, is a painful skin rash caused by the same virus responsible for chicken pox: the varicella zoster virus. An individual will only develop shingles if they have previously been in contact with the virus and had chickenpox. This is because the chickenpox virus remains in the body lying dormant in the roots of nerves and can reactivate many years later. It is not clear why the virus reawakens in some people but it may be that the virus reactivates as the immune system weakens with age or in conditions of stress. The majority of cases of shingles are in men and women ages 60 and older, but children can also become affected. A person with shingles is infectious to those who have not had chickenpox and should be excluded from school if the rash is weeping and cannot be covered or until the rash is dry and crusted over.

More information on chickenpox and shingles can be found in chapter nine of the [Health protection in schools and childcare facilities](#) guidance.