pennsylvania
DEPARTMENT OF HEALTH

Chickenpox Fact Sheet

What is chickenpox?
Chickenpox is a highly communicable disease caused by the varicella virus, a member of the herpes virus family. In temperate climates, chickenpox occurs most frequently in winter and early spring.

Who gets chickenpox?
Chickenpox is common in the United States. Virtually everyone who is not vaccinated acquires chickenpox by adulthood. Cases are expected to decline as vaccine coverage levels increase.

How is chickenpox spread?
Chickenpox is transmitted to others by direct person to person contact, by droplet or airborne spread of discharges from an infected person's nose and throat or indirectly by contact with articles freshly soiled by discharges from the infected person's lesions. The scabs themselves are not considered infectious.

What are the symptoms of chickenpox?
Initial symptoms include sudden onset of slight fever and feeling tired and weak. These are soon followed by an itchy blister-like rash. The blisters eventually dry, crust over and form scabs. The blisters tend to be more common on covered than on exposed parts of the body. They may appear on the scalp, armpits, trunk and even on the eyelids and in the mouth. Mild or unapparent infections occasionally occur in children. The disease is usually more serious in adults than in children.

How soon do symptoms appear?
Symptoms commonly appear 14-16 days (range of 10-21 days) after exposure to someone with chickenpox or herpes zoster (shingles).

When and for how long is a person able to spread chickenpox?
A person is most able to transmit chickenpox from one to two days before the onset of rash until all lesions have crusted. People who are immunocompromised may be contagious for a longer period of time.

Does past infection with chickenpox make a person immune?
Chickenpox generally results in lifelong immunity. However, this infection may remain hidden and recur years later as shingles in a proportion of older adults and sometimes in children.

What are the complications associated with chickenpox?
Newborn children (less than one month old) whose mothers are not immune and patients with leukemia may suffer severe, prolonged or fatal chickenpox. Immunocompromised patients, including those on immunosuppressive drugs, may have an increased risk of developing a severe form of chickenpox or shingles. Reye's syndrome has been a potentially serious complication associated with clinical chickenpox involving those children who have been treated with aspirin. Aspirin or aspirin-containing products should never be given to a child with chickenpox.

Is there a vaccine for chickenpox?

A vaccine to protect children against chickenpox was first licensed in March 1995. Children who have never had chickenpox should get 2 doses of chickenpox vaccine at these ages: 1st Dose: 12-15 months of age; 2nd Dose: 4-6 years of age (may be given earlier, if at least 3 months after the 1st dose)
People 13 years of age and older (who have never had chickenpox or received the chickenpox vaccine) should get two doses at least 28 days apart.

Is there any other way to prevent chickenpox after exposure?

To protect high-risk newborns and immunocompromised patients from exposure, a shot of varicella zoster immune globulin (VariZIG) should be administered as soon as possible after exposure and within 10 days. Older children and adults who have previously had chickenpox do not need the shot. Patients without evidence of immunity to varicella who are at high risk for severe varicella and complications, who have been exposed to varicella or herpes zoster, and for whom varicella vaccine is contraindicated, should receive VariZIG. Patient groups recommended by CDC to receive VariZIG include the following:

- Immunocompromised patients without evidence of immunity.
- Newborn infants whose mothers have signs and symptoms of varicella around the time of delivery (i.e., 5 days before to 2 days after).
- Hospitalized premature infants born at ≥28 weeks of gestation whose mothers do not have evidence of immunity to varicella.
- Hospitalized premature infants born at <28 weeks of gestation or who weigh ≤1,000 g at birth, regardless of their mothers' evidence of immunity to varicella.
- Pregnant women without evidence of immunity.

What can a person or community do to prevent the spread of chickenpox?

The best method to prevent further spread of chickenpox is for people infected with the disease to remain home and avoid exposing others who are susceptible. If they develop symptoms, they should remain home until one week after the skin eruption began or until the lesions become dry and crusted. Pay particular attention to avoiding unnecessary exposure of nonimmune newborns and immunocompromised people to chickenpox.

Is there a treatment for chickenpox?

In 1992, acyclovir was approved by the U. S. Food and Drug Administration for treatment of chickenpox in healthy children. However, because chickenpox tends to be mild in healthy children, most physicians do not feel that it is necessary to prescribe acyclovir.

Varicella (chickenpox) Report Form

Last Name _____ First Name _____ Parent Name (if minor) _____

Mailing Address _____ Apt/Suite _____

City _____ State _____ Zip _____ County _____

Date of Birth _____ Age _____ Home Phone _____ Work Phone _____

GENDER	RACE (Check all that apply)	Signs & Symptoms
☐ Male ☐ Female ☐ Unknown	(Optional) ☐ African American ☐ Asian or Pacific Islander ☐ White ☐ American Indian ☐ Alaskan Native ☐ Unknown ☐ Other (Specify): _____	**Date** of Onset of Illness: _____ Rash ☐ Yes ☐ No Rash onset date: _____ Lesion severity: ☐ < 50 lesions (able to count within 30 seconds) ☐ 50-249 lesions (hand can be placed between lesions ☐ 250-500 lesions (cannot place hand between lesions) ☐ >500 (difficult to see skin between lesions) (Optional) Duration of rash: _____ Fever ☐ Yes ☐ No Highest Recorded _____
RECEIVED VACCINE ☐ Yes Date(s)_____ ☐ No ☐ Unknown		

Date of report: _____

Name of reporter: _____

Phone Number: _____

Agency: _____

Daycare/School Name: _____

Please fax completed form to:
Pa Dept of Health

Dear Parent/Guardian:

A child/children at our school **has/have** contracted **chickenpox (Varicella)** and your child may have been exposed. Because the virus that causes **chickenpox** spreads easily, exposed children who have never had the vaccine or the disease will most likely get the disease. Although chickenpox is not usually a serious illness, it can cause severe complications such as pneumonia and can even result in death. Even a relatively mild illness can result in the loss of a week or more of class time for a child.

Children are considered to be immune to chickenpox if they:

- have had two doses of varicella vaccine, with the first dose administered at 12 months of age or older; or
- have laboratory evidence of immunity to varicella; or
- have documentation of a history of varicella or herpes zoster disease diagnosed by a physician.

Although a history from a parent or guardian, is acceptable for school entry, when there is even a single chickenpox or shingles in a school, a parental statement of **a history of disease is not sufficient.**

The Department recommends children who are not immune to chickenpox and have been exposed, which is defined as four hours in the vicinity of an infected person, be kept out of school between day 8 and day 21 after the onset of the last case in the school or **until vaccinated.** It is important to note that transmission of chickenpox may occur from contact lasting less than 4 hours.

If your child is **1 to 3 years of age** and has not had a chickenpox vaccine, it is recommended they be kept out of school between day 8 and day 21 after the onset of the last case in the school or until vaccinated. They may return to school once they have received the vaccine. If your child has had one varicella vaccine, they may attend school however it is recommended they receive the second dose of vaccine as long as it has been at least **12 weeks from the 1'' dose.**

If your child is **4 through 12 years of age** and has not had a chickenpox vaccine, it is recommended they be kept out of school between day 8 and day 21 after the onset of the last case in the school or until vaccinated. Your child may return to school once they receive a varicella vaccine. If your child has had one dose of varicella vaccine, it is recommended they be kept out of school between day 8 and day 21 after the onset of the last case in the school or until they receive the second dose of varicella vaccine. The second dose of vaccine can be given as long as it has been at least **12 weeks from the first dose.**

If your child is **13 years of age or older,** and has not had a chickenpox vaccine, it is recommended they be kept out of school between day 8 and day 21 after the onset of the last case in the school or until vaccinated. Your child may return to school once they receive a varicella vaccine. If your child has had one dose of varicella vaccine, it is recommended they be kept out of school between day 8 and day 21 after the onset of the last case in the school or until they receive the second dose of varicella vaccine. The second dose of vaccine can be given as long as it has been at least **28 days from the first dose.**

Studies have shown that children who have been exposed to **chickenpox** and are vaccinated within 5 days of exposure are less likely to contract the disease. Please contact your child's healthcare provider to make arrangements to get your child vaccinated.

If your child is immunocompromised, (i.e. HIV, cancer, leukemia, organ transplant, etc.) contact your child's physician immediately to report the exposure, ask for guidance for returning to school and request a written statement for the school nurse.

If your child does develop chickenpox, regardless if they have received the varicella vaccine, he or she should be kept from attending school five days after onset of rash and until the rash has scabbed over.

Please help us to protect your child and stop the spread of chickenpox in our school. If you have any questions regarding this notification letter, please contact us at ***610-826-4914 extension 5003.***

Sincerely,

Scot Engler
Superintendent
Palmerton Area School District