



St Benedict's Primary School

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Dear Parent/Guardian

CHICKEN POX

You are receiving this circular because a parent has contacted the school and informed us that their child has been diagnosed with Chicken Pox.

Please take some time and read the attached information and if you would like further information please look at the government health direct website <https://www.healthdirect.gov.au/chickenpox>. If you have an concerns about your child please contact your doctor.

Rachel Smith

Principal

What is chickenpox?

Chickenpox is a highly contagious viral illness caused by the varicella-zoster virus.

Most people recover without complications, but sometimes the infection can lead to serious complications, such as pneumonia and inflammation of the brain. Rarely, the infection can be fatal.

What are the symptoms?

Chickenpox usually begins with a sudden onset of fever, runny nose, cough and tiredness. About one to two days later a rash appears, starting as pink blotches that rapidly progress to blisters. The blisters can be very itchy and last four to six days before turning into scabs and drying out. The rash is usually more concentrated over the trunk, face and scalp. The rash can occur in different stages; at any one time new blisters may be forming at the same time as old blisters are forming scabs.

Most children experience a relatively mild illness, but in newborns, adults and immune-suppressed people (such as people with HIV or those receiving treatment for cancer) chickenpox can be severe.

How is chickenpox spread?

Chickenpox is very easily spread from one person to another when an infected person coughs or sneezes. It can also be spread by direct contact with secretions from the nose and throat or contact with the fluid in the blisters.

People with chickenpox should cover their mouth and nose when sneezing and coughing, dispose of used tissues immediately, wash their hands carefully and not share eating utensils, food or drinking cups. Carers should wash their hands thoroughly after contact with the blisters or soiled articles.

How long does a person remain infectious?

A person is infectious from one to two days prior to the rash onset until the blisters have all formed dry scabs (usually about five days).

A person with chickenpox should be excluded from school, childcare or work for at least five days after the rash first appears AND until all the blisters have scabbed over.

Who is most at risk from chickenpox?

Anyone who has not had chickenpox or been vaccinated in the past can get chickenpox. People who have had chickenpox in the past are likely to be immune to the virus and are unlikely to become infected again.

Those at higher risk of developing severe complications from chickenpox include non-immune pregnant women, newborn babies and immune-suppressed people.

If a pregnant woman develops chicken pox, there is a very small but real chance of damage to the unborn baby. Newborn babies can get severe infection if their mother has chickenpox.

What if I have been in contact with someone with chickenpox?

It generally takes between 10 and 21 days after exposure to the varicella-zoster virus to develop symptoms of chickenpox.

The chickenpox vaccine may prevent infection in non-immune people if given within 3 days (and possibly up to 5 days) after exposure.

People at higher risk of developing severe disease or complications from exposure to chickenpox may need to have Zoster immunoglobulin (ZIG). If given within 96 hours of exposure to the infection, ZIG may prevent or reduce the severity of chickenpox.

ZIG is recommended for:

- non-immune pregnant women;
- newborn babies less than one month old;
- premature babies (less than 28 weeks) who are exposed while still in hospital; and/or
- immune-suppressed people.

What is the treatment?

There is no specific treatment for uncomplicated chickenpox infection. Antiviral medications may be prescribed for those at risk of complications or for those with severe disease.

The risk of secondary infection through scratching can be reduced by use of anti-itch soaps and lotions and by keeping fingernails short. Aspirin **must not** be given to young children and adolescents due to the risk of developing Reye Syndrome, a severe condition associated with aspirin use for viral infections.

Immunisation Recommendations

Young Children

The chickenpox vaccine is recommended for all children aged 12 months or older. It is offered routinely at 18 months of age under the funded National Immunisation Program. A single dose is given as part of a combination vaccine with measles, mumps and rubella (MMRV).

Older children and adults

A 'catch-up' dose for adolescents, provided by the school immunisation program in their first year of high school is recommended for those who have not been previously vaccinated.

Vaccination is also recommended (but not funded) for non-immune adults, particularly those in high risk occupations (such as health care workers, teachers and child care workers); for non-immune women prior to pregnancy; for non-immune parents of young children and for non-immune household contacts of immune-suppressed people. For optimum protection, if the person receiving the vaccine is over 14 years of age, two doses of vaccine (given one month apart) are required.

If there is uncertainty whether a person has previously had chickenpox, it is still safe to have the vaccine and there is no need to test for immunity prior to having the vaccine.

Are there any side effects from the vaccination?

The chickenpox vaccine is generally well tolerated and any side effects are usually mild. Side effects may include fever and localised pain, redness and swelling at the injection site.

A mild chickenpox-like rash may develop at the injection site or on the body. If this occurs, the rash appears between five and 26 days following vaccination. People with this rash should avoid contact with people who are at increased risk of developing severe disease.

This vaccine is not recommended for people who are immune-suppressed (e.g. those with some underlying medical conditions; those receiving chemotherapy or radiotherapy, or people who take high-dose steroid medications); recipients of recent blood transfusions; or pregnant women.

What is shingles?

After you have had chickenpox, the virus can lie dormant in the body and may 'reactivate' many years later as shingles. Shingles can only occur in people who have had chickenpox (and very rarely in those who have been immunised).

Shingles, also known as Herpes Zoster is characterised by a painful blistering rash, usually only on one side or area of the body. The symptoms can persist for 2-4 weeks. The virus can spread to other people through direct contact with the blisters and can cause chickenpox in a non-immune person. Covering lesions with a dressing may help to reduce the risk of passing on the infection to others.

Is there a shingles vaccine?

There is a vaccine to protect against shingles. It is registered for use in people aged >50 years of age as a single dose. The shingles (zoster) vaccine is particularly recommended (but not funded) for adults aged 60-79 years. It is available on private prescription from your doctor. This vaccine is not recommended for immune-suppressed people.

Need more information?

For more information about chickenpox or shingles, contact your doctor or call the Health Protection Service, Communicable Diseases Information Line during business hours on **(02) 62052155**.

Communicable Disease Control Section at Health Protection Service is responsible for the investigation and surveillance of notifiable or infectious conditions in the ACT in order to control or prevent their spread in the community. This includes the promotion of immunisation, education and other strategies that help to limit the spread of diseases.

Chickenpox is a notifiable disease. Cases are notified to ACT Health.

Acknowledgements

1. Heymann, DL, 2008, *Control of Communicable Diseases Manual*, 19th edition.
2. NHMRC, 2013, *The Australian Immunisation Handbook*, 10th edition.

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