

Rheumatology patient significantly exposed to chickenpox

- Play or direct contact (in the same room) with the index case for >15 minutes during the infectious period (48 hours prior to rash developing, until vesicles all crusted over)
- Direct contact with exposed lesions of herpes zoster

YES

Are they immunocompromised? Anyone treated with any of the following:

- **Steroids***: Prednisolone equivalent dose - 2mg/kg/day for 1 week or 1 mg/kg/day for at least 1 month, in the last 3 months
- **DMARD**: Methotrexate, Azathioprine, MMF, Ciclosporin, Cyclophosphamide, Leflunomide
- **Biologic****: Etanercept, Infliximab, Adalimumab, Tocilizumab, Abatacept, Anakinra, Canakinumab, Rituximab

YES

Check varicella zoster virus (VZV) IgG result

VZV IgG positive

VZV IgG negative or unknown

Are they heavily immunocompromised?

Treated with: combination of steroids* **plus** biologic** **or** cyclophosphamide

Post exposure prophylaxis

High dose oral aciclovir **OR** IM Varicella Zoster Immunoglobulin

NO

YES

Consider

Either / Or

No action unless: signs of chickenpox

High dose oral aciclovir***
From day 7 following contact until day 21

< 2 years:	200mg QDS
2-6 years:	400mg QDS
6-12 years:	800mg QDS
>12 years:	800mg 5/day

IM Varicella Zoster Immunoglobulin (VZIG)
(Ideally give within 72 hours but can be given up to 10 days following initial contact)

< 6 years:	250mg
6-11 years:	500mg
11-15 years:	750mg
>15 years:	1g

If further exposure occurs more than 3 weeks after 1st dose Consider 2nd dose VZIG **or** give high dose oral aciclovir ***

Give high dose IV aciclovir

3months-12 years:	500mg/m ² TDS
>12 years :	10mg/kg TDS

Ensure adequate hydration
Continue until fever and constitutional symptoms have resolved and no new spots for 48 hours then consider switching to oral route and completing a minimum of 7 days treatment in total. Withhold NSAID, DMARD & biologic** until all spots crusted over.

Signs of chickenpox?

YES

References:

1. British Society for Paediatric and Adolescent Rheumatology. Standards of care for children and young people with Juvenile Idiopathic Arthritis. January 2009.
2. Royal College of Paediatrics and Child Health. Best Practice Statement (Feb 2002) Immunisation of the Immunocompromised child. ISBN 1-900954-67-2
3. Paediatric Formulary Committee. *BNF for Children* [2013-2014]. London: BMJ Group, Pharmaceutical Press, and RCPCH Publications; [2013-2014]
4. Roderick M, Finn A, Ramanan AV. Chickenpox in the immunocompromised child. *Arch Dis Child* 2012;97(7):587-589
5. Department of Health. *Immunisation Against Infectious Disease*. (The Green Book). Chapter 34 Varicella v2.0
6. Postexposure chickenpox prophylaxis in children with leukaemia: a reply to the recent PEP talk study and report of a service evaluation in a tertiary paediatric haematology centre in the UK. Samuelson CV, Rambani R, Vora AJ. *Arch Dis Child*. 2012 Aug;97(8):759-60
7. PEPtalk: postexposure prophylaxis against varicella in children with cancer. [Arch Dis Child](#). 2011 Sep;96(9):841-5