

Scottish Paediatric & Adolescent Rheumatology Network Chickenpox Exposure Guideline

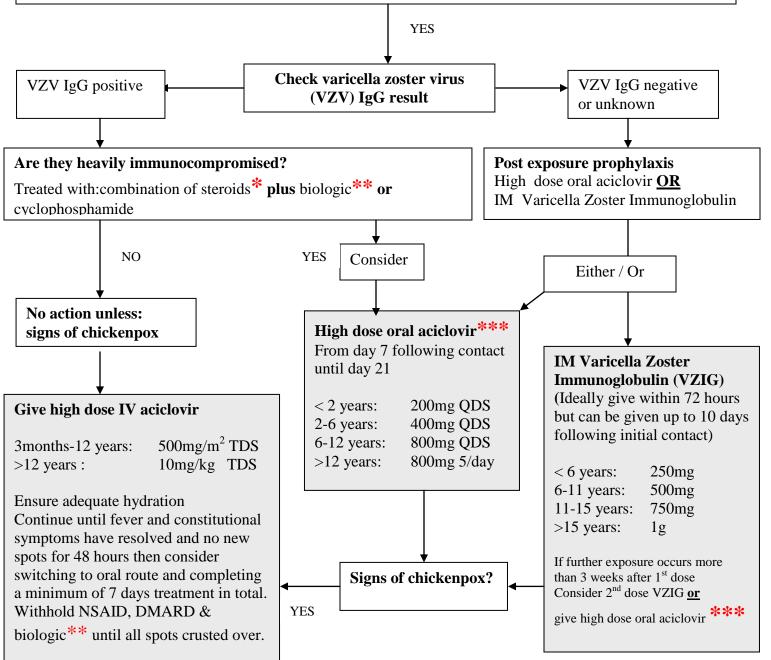
Rheumatology patient significantly exposed to chickenpox

- 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:

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



References:

- 1. British Society for Paediatric and Adolescent Rheumatology. Standards of care for children and young people with Juvenile Idiopathic Arthritis. January 2009.
- 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
- 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. <u>Arch Dis Child.</u> 2011 Sep;96(9):841-5