Scottish Paediatric and Adolescent Rheumatology Network

Chickenpox exposure guideline

Rheumatology patient significantly exposed to chickenpox

- Play or direct contact (in the same room) with the index case >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 1mg/kg/day for at least 1 month, in the last 3 months
- **DMARD**: Methotrexate, Azathioprine, Mycophenolate Mofetil, Ciclosporin, Cyclophosphamide, Leflunomide
- **Biologic** **: Etanercept, Infliximab, Adalimumab, Tocilizumab, Abatacept, Anakinra, Canakinumab, Rituximab, Sarilumab, Belimumab, Ixekizumab, Secukinumab, Baricitinib, Upadacitinib

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

NO

No action unless: signs of chickenpox

Give high dose IV acyclovir

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

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

YES

Consider

Post exposure prophylaxis
High dose oral aciclovir

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

Signs of Chickenpox?

References

1. British Society for Paediatric & Adolescent Rheumatology. Standards of care for children and young people with Juvenile Idiopathic Arthritis. January 2009
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3. Roderick M, Finn A, Ramanan AV. Chickenpox in the immunocompromised child. *Arch Dis Child* 2012;97(7):587-589
4. 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
5. PEPtalk: postexposure prophylaxis against varicella in children with cancer. Arch Dis Child. 2011 Sep;96(9):841-5
6. Clinical course and therapeutic approach to varicella zoster virus infection in children with rheumatic autoimmune diseases under immunosuppression, Raphael Leuvenink, Florence Aeschlimann, Walter Baer, Gerald Berthet, Elvira Cannizzaro, Michael Hofer, Daniela Kaiser, Silke Schroeder, Ulrich Heininger & Andreas Woerner Paediatric Rheumatology volume 14, Article number: 34 (2016)
7. The Green Book Information for public health professionals on immunisation. Immunisation against infectious disease: Varicella: the green book, chapter 34 26 June 2019 Guidance
8. Aciclovir (Acyclovir) https://doi-org.knowledge.idm.oclc.org/10.18578/BNFC.394758880 Last update 09 June 2020

NOTE

This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.