



Chickenpox (varicella zoster) Fact Sheet

What is chickenpox?

Chickenpox is a highly contagious disease caused by the varicella virus, a member of the herpes virus family.

How is chickenpox spread?

Chickenpox is transmitted to others by direct person to person contact, by droplet or airborne spread of secretions from an infected person's nose and throat or indirectly by contact with articles freshly soiled by secretions from the infected person's lesions. Transmission can also occur from touching or breathing virus particles from an infected person's blisters.

What are the symptoms of chickenpox?

Initial symptoms include sudden onset of slight fever and feeling tired and weak. This is 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 between 10-21 days (usually ~14-16 days) after exposure to someone with chickenpox or shingles (herpes zoster).

When and for how long is a person able to spread chickenpox?

A person is most able to transmit chickenpox from 1-2 days before the onset of rash until all lesions have crusted. People who are immune compromised 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, the virus can remain hidden (known as latent infection) and recur years later as shingles in a proportion of adults and even in older children. A vaccine to prevent shingles is now routinely recommended for adults 60 years and older. See <http://www.cdc.gov/shingles/vaccination.html>

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. Immune compromised 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.

The CDC has more information about chickenpox complications:
<http://www.cdc.gov/chickenpox/about/complications.html>

Is there a vaccine for chickenpox?

A vaccine to protect children against chickenpox was first licensed in March 1995. It is recommended as a two dose series, with the first dose given between 12-15 months and the second (booster) dose typically given between 4-6 years. The second dose can be given as early as 3 months after the first dose, and this is usually recommended to be done in an outbreak setting. The state of Alaska requires two doses of vaccine for entry into grades K-6. See http://www.epi.alaska.gov/bulletins/docs/b2012_06.pdf

What should I do if I suspect my child has chickenpox?

Individuals with suspected chickenpox should contact their health care provider. Varicella testing should be considered to confirm the diagnosis. Suspected or confirmed chickenpox is reportable by providers to the Alaska Section of Epidemiology. Read more about conditions reportable to public health in Alaska here: <http://dhss.alaska.gov/dph/Epi/Pages/pubs/conditions/default.aspx>

What can be done 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. 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 non-immune newborns and immune compromised people to chickenpox.

Is there a treatment for chickenpox?

Most cases of chickenpox in otherwise healthy children are treated with bed rest, fluids, and control of fever. Children with chickenpox should NOT receive aspirin because of possible subsequent risk of Reye's syndrome. Acetaminophen may be given for fever control. Chickenpox may be treated with an antiviral drug in serious cases, depending on the patient's age and health, the extent of the infection, and the timing of the treatment..

I have heard about “chickenpox parties” to give everyone the disease so they have natural immunity. Is this a good idea?

“Chickenpox parties” were a common practice in previous generations. Public health experts strongly recommend against this practice now that there is effective vaccine available and much better knowledge about potential serious complications of chickenpox. For more information about risks, we recommend this site: <http://www.cdc.gov/chickenpox/about/transmission.html>

Where can I go for more information?

Visit the Alaska Division of Public Health’s Varicella website at <http://dhss.alaska.gov/dph/Epi/id/Pages/Varicella.aspx>. You can also visit <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/varicella.pdf> (“The Pink Book”) for more detailed scientific information for public health personnel.