SKIN AND SOFT TISSUE INFECTIONS
Varicella-zoster/ Chickenpox

When to treat chickenpox:

- In immunocompetent patients, the value of antivirals is minimal. If the onset of rash is <24 hours and the patient is either: >14 years, severe pain / dense rash, smoker, on steroids, or a secondary household case **AND** treatment can start within 24 hours of the onset of rash, consider aciclovir.
- Regardless of immune function and use of any immunoglobulins, neonates with chickenpox should be referred for parenteral antivirals.

Chickenpox in Pregnancy:

- Urgently seek specialist advice regarding the need for diagnostic tests counselling on the risk of foetal varicella syndrome, antiviral treatment, and follow up.
- Only prescribe an antiviral drug in primary care (with the informed consent of the woman) on the advice of a specialist.
- All cases of chickenpox require close monitoring and admission to the hospital should be considered if there is any deterioration. (If in any doubt discuss with the duty Infectious Diseases doctor via NUH City Campus switchboard on 0115 9691169).
- If a pregnant woman is *exposed* to chickenpox or zoster and does not have a definite history of chickenpox, a serum sample should be taken immediately to determine their VZ immune status. Please liaise with the virology laboratory to ensure rapid testing. The case should be discussed with a medical virologist/microbiologist who will give further advice as to whether VZ immunoglobulin will need to be offered if they are found to be non-immune.

Herpes zoster/Shingles

When to treat shingles:

- Always treat ophthalmic shingles (with Valaciclovir and refer to Ophthalmology), Ramsay Hunt syndrome, in eczema or the immunocompromised.
- **Patients >50 years who present within 72 hours of the onset of rash.** Postherpetic neuralgia is rare in <50 years but occurs in 20% of >60 years.
- Non-truncal distribution.
- Severe pain or severe rash.

Immunocompromised patients:

- Both varicella and zoster can be life-threatening in the immunocompromised (including those on oral steroids) and immediate treatment is indicated. Recommended oral therapy for zoster in the immunocompromised is Aciclovir 800mg five times daily for 10 days. Continue for 2 days after crusting of lesions
- Phone the duty Infectious Diseases doctor at NUH on 01159 9249924, for advice if an immunocompromised patient develops either chickenpox or zoster or has significant exposure to other patients with these conditions. All cases of zoster in an immunocompromised patient require close monitoring and admission for IV aciclovir should there be any deterioration.

Treatment:
Varicella-zoster/ Chickenpox *and* Herpes zoster/ Shingles

Drug	Dose	Duration of TX
Aciclovir	Child 1 – 23 months: 200mg QDS Child 2-5 yrs: 400mg QDS Child 6-11yrs: 800mg QDS Adult and child≥12yrs: 800 mg 5x/day	5 days 5 days 5 days 7 days
Second line, *for use when compliance is likely to be a problem as it is* ***10 times*** *the cost:*		
Valaciclovir	Adult: 1g TDS **Not** recommended in children	7 days

Version Control- **Varicella Zoster/ Chicken Pox/ Herpes Zoster/ Shingles**			
Version	Author(s)	Date	Changes
V2.1	Shary Walker, Interface and Formulary Pharmacist	19/08/21	1. Updated children's doses, in line with the new age band updates from BNF