VARICELLA/CHICKEN POX

Last Reviewed/Revised 7/04

<table>
<thead>
<tr>
<th>Definition</th>
<th>Signs and Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mode of Transmission</td>
<td>Treatment</td>
</tr>
<tr>
<td>Role of the School Nurse</td>
<td>Resources</td>
</tr>
</tbody>
</table>

**DEFINITION**: Chicken pox is a viral disease characterized by a slight fever, mild fatigue and a skin rash. Chicken pox is a significant risk to any person who is not immune to the virus. Sever complications may occur in young children, immuno-compromised persons, and adults without vaccination with varicella vaccine and without previous infection with varicella.

**Signs and Symptoms**: The rash begins as flat red blotches. Within a few hours small pimples (resembling blisters) erupt. The rash is more commonly found on the covered parts of the body rather than exposed areas but can be located anywhere including the scalp, mouth, and eyes.

**Mode of Transmission**: The most common mode of transmission is believed to be person-to-person from infected respiratory tract secretions. Transmission may also occur by respiratory contact with airborne droplets, or by direct contact or inhalation of aerosols from vesicular fluid of skin lesions of acute varicella. A person is contagious from 1 to 2 days before the onset of rash through the first 4 to 5 days, or until lesions have formed crusts.

The incubation period ranges from two to three weeks but is usually 13-17 days.

**Treatment**: Antivirals can be used when diagnosed in the first two days. The diagnosing physician may recommend or prescribe medications to ease the symptom of itching. Because there is an association between chicken pox and Reve's Syndrome, children under 18 years of age should not be given any aspirin containing medications while infected.

Complications from chicken pox are rare, however if severe headaches, persistent vomiting, severe drowsiness, a stiff neck or a convolution occurs, the students physician should be notified immediately. Strep infections can also be a complication concern.

The connection between chicken pox and shingles: Shingles (herpes zoster) is a reactivation of the chicken pox virus in a person who had chicken pox in the past. The rash is similar to chicken pox but is usually confined to a single nerve root. A person who has never had chicken pox can become infected if contact with the vesicle fluid of a person with shingles takes place. A person with shingles, however, does not spread shingles and a person with chicken pox cannot cause another person to develop shingles.
Implementation of varicella vaccine:

**Grade**  **School Year**


**ROLE OF THE SCHOOL NURSE:**

- Obtain documentation from the primary health care provider of student’s vaccination, disease, or medical inadvisability of the vaccine.
- Report to the Bureau of Health any outbreaks of Varicella. (Students with shingles do not need to be reported.) A reporting form is available in this Manual. The BOH will guide you regarding notification to parents and steps to take to minimize the effects of the disease in your school. **The phone number is 1-800-867-4775 or 287-3746.** Timely reporting will help define and control outbreaks.
- In the case of an outbreak, students with waivers of immunization, do not have to be excluded from school until 2007.
- Students may return to school when scabs have dried and crusted. Students with shingles may remain in school if the area is completely covered.
- Watch closely for early symptoms in others for 3 weeks following the most recent case.
- With increased vaccinated students, there may be more breakthrough cases (persons have been previously vaccinated with varicella vaccine but eventually develop varicella). It is advised that finding those cases early and excluding them from school will effectively prevent varicella from spreading further.

**RESOURCES:**

- CDC Infectious Disease - [http://www.cdc.gov/ncidod/diseases/list_varicl.htm](http://www.cdc.gov/ncidod/diseases/list_varicl.htm)

Nancy Dube, School Nurse Consultant
Department of Education
624-6688, Nancy.Dube@Maine.Gov