NUH Guide to the Clinical Management of Chicken Pox in Adults

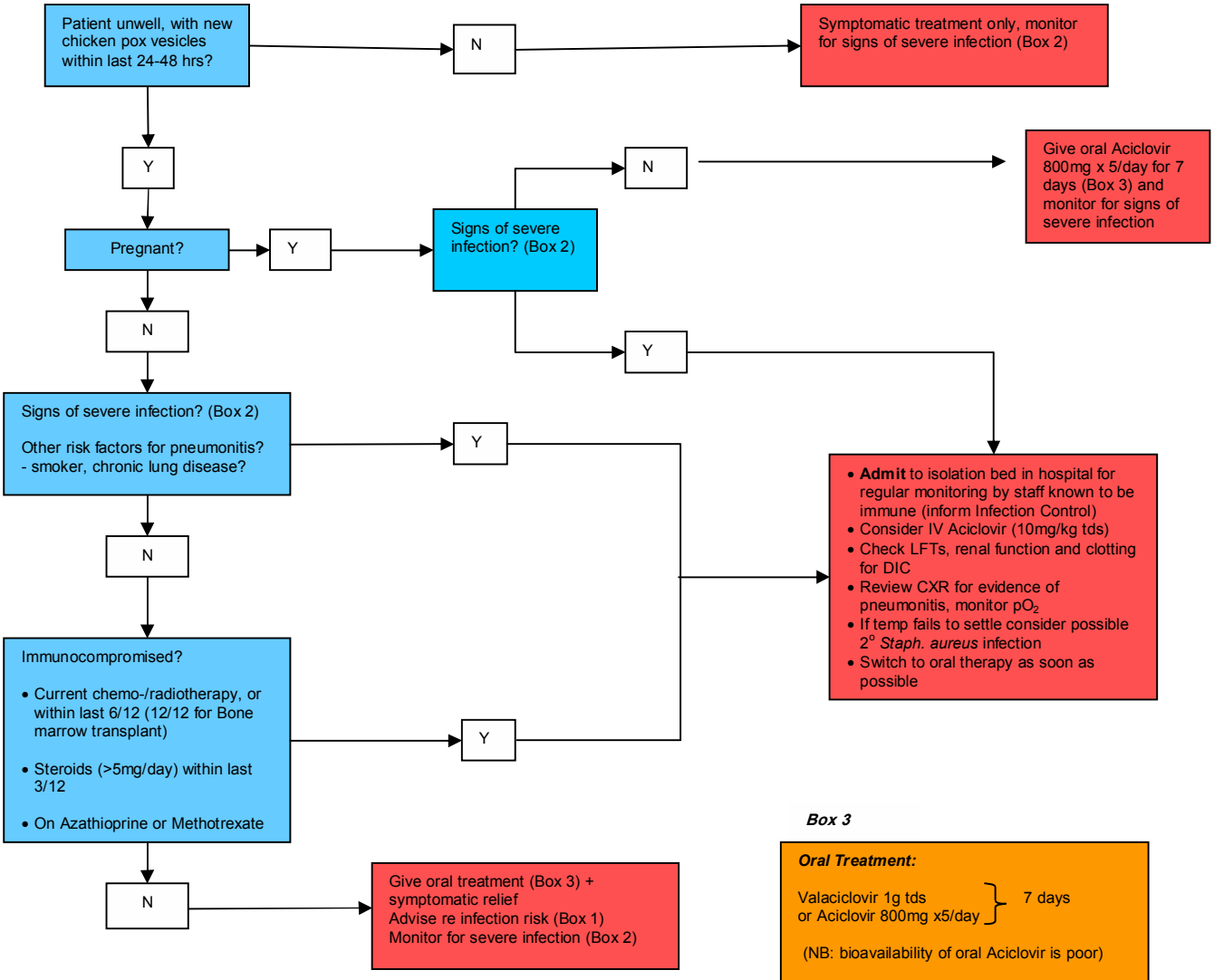
Box 1

- Chicken pox is the primary systemic infection with *Varicella-Zoster virus (VZV)*
- Acute systemic VZV has increased mortality and morbidity in adolescents and adults compared to children[1]. Immunocompromised adults and non-immune pregnant women are at particular risk[2]
- Prompt treatment with Aciclovir reduces duration and severity of symptoms[3]
- There is no evidence of benefit of Aciclovir once the rash has been established for >48hrs[3]
- Infectivity: 2/7 prior to onset rash, until all vesicles crusted. Immunity in contacts can be assumed if clear history of clinical chicken pox
- Incubation of chicken pox: 8-21 days

Box 2

Signs of severe infection include:

- Respiratory symptoms (clinical resp signs often absent)
- Densely cropping vesicles
- Haemorrhagic rash
- Bleeding
- Any neurological changes
- Persisting fever with new vesicles >6 days after onset



Box 3

Oral Treatment:

Valaciclovir 1g tds
or Aciclovir 800mg x5/day
} 7 days

(NB: bioavailability of oral Aciclovir is poor)

Intravenous treatment:
Aciclovir 10mg/kg tds

Renal impairment: dose reduction required for all forms of Aciclovir[5]

Pregnancy: No adverse data for use of Aciclovir, data inadequate for Valaciclovir[5]

References:
1. United Kingdom Advisory Group on Chickenpox. Consensus guidelines for management of varicella-zoster infection. J. Infection 1998; 36 Suppl 1: 1-83
2. Scientific Advisory Committee of Royal College of Obstetricians and Gynaecologists. Guidelines on chickenpox in pregnancy. 2001; Guideline No. 13: 1-8
3. Wallace MR, Bowler WA, Murray NB, Brodine SK, Oldfield EC3rd Treatment of adult varicella with oral aciclovir. A randomised, placebo-controlled trial.
Ann Intern Med. 1992 Sep 1:117(5): 358-63
4. Miller E, Marshall R, Vurdien J. Epidemiology, outcome and control of varicella-zoster infection.
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5. Joint Formulary Committee. British National Formulary. 52 ed. London: British Medical Association and Royal Pharmaceutical Society of Great Britain; Sept 06

Adapted from the BIS draft algorithm published March 2007 www.britishinfectionsociety.org