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. Immuno-compromised adults and non-immune pregnant women are at particular risk.
- Prompt treatment with Aciclovir reduces duration and severity of symptoms.
- There is no evidence of benefit of Aciclovir once the rash has been established for >48hrs.
- 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

Patient unwell, with new chicken pox vesicles within last 24-48 hrs?

N

Symptomatic treatment only, monitor for signs of severe infection (Box 2)

Y

Pregnant?

N

Signs of severe infection? (Box 2)

Y

Give oral Aciclovir 800mg x 5/day for 7 days (Box 3) and monitor for signs of severe infection

N

Signs of severe infection? (Box 2)

Y

Other risk factors for pneumonitis?

- smoker, chronic lung disease?

N

Admit to isolation bed in hospital for regular monitoring by staff known to be immune (inform Infection Control)

Y

Admission criteria for intensive care:

- 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

Immunocompromised?

- Current chemo/radiotherapy, or within last 6/12 (12/12 for Bone marrow transplant)
- Steroids (>5mg/day) within last 3/12
- On Azathioprine or Methotrexate

Y

Give oral treatment (Box 3) + symptomatic relief
Advised re infection risk (Box 1)
Monitor for severe infection (Box 2)

N

Give oral treatment (Box 3) + symptomatic relief
Advised re infection risk (Box 1)
Monitor for severe infection (Box 2)

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

Signs of severe infection? (Box 2)

Y

Give oral Aciclovir 800mg x 5/day for 7 days (Box 3) and monitor for signs of severe infection

N

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

Pregnancy: No adverse data for use of Aciclovir

References:


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