

- Because workers' health and pregnancy status is confidential to them, do not ask workers to tell you if they are in any of these high-risk groups. Give *all* exposed workers the information, so that those who need to act on it can do so.

When can my staff member with chickenpox return to work?

Staff may return to work when they feel well enough to do so and all their spots have crusted over. Staff with shingles may be able to work if they feel well and can cover the spots with clothing or a dressing. Their doctor can advise them on this.

If I know a worker is pregnant, what advice should I give them?

Chickenpox infection in pregnancy can affect both the mother and the baby. The risk can be reduced with a treatment called VZ immunoglobulin. If your worker is exposed to chickenpox or shingles, they should contact their GP or midwife immediately for advice.

If I know a worker is immunosuppressed, what advice should I give them?

Chickenpox can be a serious disease in people who are immunosuppressed. The risk can be reduced with a treatment called VZ immunoglobulin. If your worker is exposed to chickenpox or shingles, they should contact their GP or specialist immediately for advice.

Further copies of this leaflet are available from NHS Plus: Email: nhsplus@nhs.net

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Chickenpox and shingles

Occupational aspects of management

Evidence-based guidance for **employers and employees** (excluding healthcare sector)



Introduction

This leaflet is for employers and their staff. The leaflet tells you what to do if a worker develops chickenpox. The information in this leaflet does not apply to healthcare or prisons as there is separate guidance for these workplaces.

Chickenpox is not a common problem at work because most adults were infected in childhood and are now immune. If one of your workers reports that they have chickenpox or shingles, there is some simple advice you can give your workforce so that those at increased risk of more serious infection can seek appropriate medical help.

Background

Chickenpox and shingles

Chickenpox and shingles are infections. They are both caused by a virus known as the varicella zoster virus.

Most chickenpox occurs in children, when it is usually a mild illness. In adults, chickenpox may be more severe, leading to hospital admission and rarely death. It may be particularly serious in people with weakened immunity (eg with HIV infection, some cancers) and pregnant women (where it can affect both mother and baby).

What are the symptoms of chickenpox?

Chickenpox usually begins with cold-like symptoms followed by a high temperature and a very itchy, vesicular (fluid-filled blister-like) rash. Clusters of spots appear over 3 to 5 days, mostly on the head and trunk. After about 7 days the blisters dry out and scab over.

The severity of infection varies and it is possible to acquire infection but show few, if any, symptoms.

What treatment is available?

Mild cases of chickenpox, in people who are not at particular risk of complications, do not normally need specific treatment. Chickenpox is a viral infection and so will not respond to antibiotics. Antibiotics may be prescribed, however, to treat secondary bacterial infections. The doctor or pharmacist may suggest some simple treatments to help with symptoms, such as fever and itchiness.

Chickenpox can be treated with special antiviral drugs and these are particularly important if the person is pregnant or has a weakened immune system.

What is shingles?

In people who have had chickenpox, the virus can reactivate (usually decades later) and cause shingles. Shingles usually consists of a rash of fluid-filled blisters on one side of the body. Pain is common and may persist even after the rash has gone.

How is chickenpox infection spread?

Someone with chickenpox is infectious for about 2 days before their rash appears and until the rash has crusted over. The infection is spread by coughing and sneezing, and from the chickenpox spots. Following contact with either chickenpox or shingles, people who have not previously had chickenpox may develop a chickenpox rash after 10–21 days. Not everyone exposed to chickenpox or shingles goes on to develop chickenpox.

It is not possible to develop shingles from exposure to a person with chickenpox. It is possible, however, to develop chickenpox as a result of exposure to a person with shingles.

Can people catch chickenpox twice?

Once someone has had chickenpox, they are normally protected from subsequent attack.

Chickenpox in the workplace

What should I do if a member of staff develops chickenpox?

There are some simple steps that you can take to reassure your workers, and to help protect those who are at particular risk of serious illness.

- Ask the worker with chickenpox to stay away from work until their doctor tells them they are no longer infectious.
- Explain to the infected worker that it would be helpful if they could tell you when their rash first appeared. This will enable you to alert the workforce as some staff may need to seek advice from their doctor.
- Inform workers that a colleague has been diagnosed with chickenpox. Reassure workers that 80% to 90% of them will already be protected as most people will have had chickenpox in childhood.
- Inform workers that they are at risk of developing chickenpox if they have not had chickenpox before, and have had close contact with the infected colleague any time from 48 hours before the rash developed or until the spots crusted over. It is likely that the infected colleague will have been off sick with symptoms from early in their illness and so few, if any, colleagues will have been put at risk of infection.
- Inform workers that if they had close contact with the infected colleague, and are pregnant, or on immunosuppressant drugs such as steroids or cancer drugs, or have an immunosuppressing illness such as HIV, they should contact their GP or specialist as soon as possible for advice.