

vaccinated, remember that the vaccine is not 100% effective, and so if you feel unwell and develop a fever or rash, you must contact your occupational health department for advice.

If you know that you are not protected, or are not sure, you should talk to your occupational health department as you may be at risk of developing chickenpox. The occupational health professional may recommend that you are moved from contact with high-risk patients. Alternatively, they may suggest that you continue in your normal role while watching out for signs of chickenpox (feeling unwell, rash or fever). You may be offered the vaccine as a preventive measure.

To help decisions about your work area during the incubation period, the occupational health professional may need to talk further with you, your manager and the infection control team.

What if I am pregnant?

Chickenpox infection in pregnancy can affect both the mother and the baby. The risk can be reduced with a treatment called VZ immunoglobulin.

If you are exposed to chickenpox or shingles at work you should contact your occupational health department immediately for advice. Your occupational health department may hold important information about your antibody status (antibody test results, vaccine history etc). They can advise you about what to do next.

What if I am immunosuppressed?

Chickenpox can be a serious disease in people who are immunosuppressed (eg because of cancer drugs or HIV disease). The risk of severe disease can be reduced with a treatment called VZ immunoglobulin.

If you are exposed to chickenpox or shingles at work you should seek immediate advice from your occupational health department who can advise you about what to do next. They may need to refer you on to your specialist.

Summary

Before you start work in any healthcare setting your occupational health department should check your susceptibility to chickenpox. Once you start working, if you are ever exposed to, or develop, chicken pox or shingles, you should tell your manager and occupational health department immediately.

Reference

1 NHS Plus, Royal College of Physicians, Faculty of Occupational Medicine. *Varicella zoster virus: occupational aspects of management. A national guideline*. London: RCP, 2010.

Further copies of this leaflet are available from NHS Plus:
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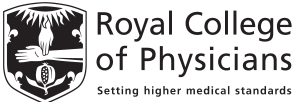
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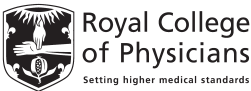


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Chickenpox and shingles

Occupational aspects of management

Evidence-based guidance for employees in healthcare



Introduction

This leaflet is for healthcare workers – those who provide direct clinical care, eg nurses and physiotherapists, and others such as porters, ward clerks and cleaners, who have regular contact with patients. The leaflet gives information on the prevention and management of chickenpox and shingles infection in the workplace. We have summarised our recommendations which are based on a review of current research evidence.¹

Chickenpox and shingles

Chickenpox and shingles are both caused by the varicella zoster virus (VZV). Chickenpox usually starts with 1 or 2 days of fever, flu-like symptoms and feeling generally unwell. The classic sign of chickenpox is the appearance of blisters (vesicles) on the face and scalp, which spread to the trunk and eventually limbs. After about 7 days the blisters dry out and scab over.

In healthy children chickenpox is usually a mild illness. In adults, chickenpox may be more severe, leading to hospital admission and rarely death. It is particularly serious in those who have weakened immunity and pregnant women (where it can affect both mother and baby).

Following chickenpox infection the virus can reactivate (often decades later) and cause shingles. Shingles usually consists of a localised rash, but pain is a frequent complication and may persist even after the rash has gone.

Chickenpox is highly infectious and is spread by coughing and sneezing, up to 48 hours before the chickenpox rash appears. The rash of chickenpox and shingles is considered to be infectious until the skin lesions have crusted over (usually after

4–7 days). Following contact with either chickenpox or shingles, it takes 10–21 days before the chickenpox rash appears in susceptible contacts.

How do I know if I am immune to chickenpox?

If you can definitely remember having chickenpox and/or shingles, and you grew up in a temperate climate (countries with mild to warm summers and cool winters, such as European countries) then you are considered to be protected.

If you are unsure or cannot remember whether you had chickenpox, you will need a blood test to check your antibody status.

You will also need a blood test to check your antibody status if you were born or raised in tropical climates (countries with high temperatures throughout the year such as countries near the equator) or subtropical climates (countries adjacent to the tropics). This is because people who were born or raised in these areas are less likely to have been infected with chickenpox in childhood.

Your occupational health department will ask you about previous chickenpox and organise any necessary blood tests.

Does it matter if I am not protected from chickenpox?

If you are not protected there is a risk that you could become infected with chickenpox and pass it on to susceptible patients or colleagues. Chickenpox in adults is a more serious disease than in children and can lead to hospitalisation and death. There is a chickenpox (varicella) vaccine available and your occupational health department will offer this to you.

What are the benefits of the chickenpox vaccine to me?

Most people who receive the vaccine will be protected from chickenpox infection. A small number of people may still go on to catch chickenpox but it is usually mild, with fewer skin lesions and a more rapid recovery.

Can everyone have the vaccine?

Some people cannot have the vaccine. This is usually because they are pregnant or immunosuppressed.

If I am not protected against VZV infection can I still work in healthcare?

Yes. In these situations your occupational health department will consider whether any work restrictions are necessary. They will take into account: the risk of chickenpox infection to you; the risk of onward transmission of infection to your patients; and the effect of any work restrictions on staffing levels, skill mix and hence patient safety.

Occupational health may suggest that you are excluded from work in certain high risk areas such as infectious disease or antenatal wards. These decisions will usually be taken in conjunction with you, your manager and infection control. Your occupational health department will not disclose any confidential medical information about you unless they believe it is necessary to help make the decision and you have given your permission for them to do so.

Can I refuse the vaccine?

Yes. In this situation your occupational health professional will talk to you about any concerns you have, and consider whether any work restrictions are necessary. If you are a healthcare professional,

your registration body may produce ethical guidance on this. For example, General Medical Council guidance for doctors states that ‘you should protect your patients, your colleagues, and yourself by being immunised against common serious communicable diseases where vaccines are available’ (*Good medical practice*).

What should I do if I develop chickenpox or shingles?

If you develop chickenpox or shingles you must contact your occupational health department and manager immediately for advice before coming into work. There is a risk that you could pass on the infection to vulnerable patients. The occupational health department will talk to you about your fitness for work. They may need to arrange contact tracing of staff who have been exposed to you. Infection control will identify and manage any patients who may have been exposed.

If you develop chickenpox, you will not be able to work until you have no new skin lesions and all existing lesions have crusted over.

If you develop shingles, occupational health will advise you on your fitness to work. They will consider a number of factors such as whether you feel unwell, where the rash is on your body, your antibody status and the type of patients that you have contact with. To help make decisions about your work, the occupational health professional may need to talk further with you, your manager and the infection control team.

What should I do if I am exposed to a patient or colleague with chickenpox or shingles?

If you have had chickenpox in the past you are very unlikely to develop it again. If you have been