

Chicken Pox and the Neonatal Unit (NNU)

An information guide



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What is chicken pox?

Chicken pox is an infection caused by a virus called the Varicella Zoster Virus (or VZV for short).

Chicken pox is a very common infection in the UK, particularly in children and most people catch it before the age of 15.

Catching chicken pox causes the body to make special proteins called antibodies, which usually make a person immune (meaning that the person is unlikely to be infected with chicken pox again in the future).

What are the symptoms of chicken pox?

- Feel generally unwell .
- Raised temperature.
- A red, bumpy, itchy rash which usually turns into small fluid filled blisters.



Is it serious?

Whilst it can make those infected feel poorly, most recover from chicken pox fully without any lasting problems.

Chicken pox can cause more serious complications in certain groups of people, including newborn and premature babies, pregnant ladies and those with illnesses or taking medications which make their immune system less effective.

Is it infectious?

Chicken Pox is very infectious for 2 to 3 days before the rash appears and for around 7 days after (until the spots are dry and scabbed).

The virus travels in the air and is also present in secretions from the nose and mouth. A person who isn't immune to chicken pox (normally if they haven't had chicken pox before) is very likely to catch it if they come into contact with someone who is already infected.

They will usually develop the illness 2 to 3 weeks later.

How is chicken pox treated?

As chicken pox is caused by a virus, antibiotics cannot be used to treat it, as antibiotics only kill bacteria, not viruses.

Once infected, the main aim of management in low risk individuals is to relieve the symptoms until the immune system fights off the virus.

What happens if a relative develops chicken pox?

As the immune system in a newborn baby is not very good at fighting off the virus, it is very important to prevent them from catching it in the first place.

Anyone with suspected chicken pox **must not** visit the neonatal unit until their spots have dried up and scabbed over fully. If a relative develops chicken pox in the few days after visiting the baby, **it is essential** that you tell the nurses or doctors on the neonatal unit immediately.

What happens if my baby comes into contact with chicken pox on the neonatal unit?

The baby will need to have blood tests to see if they have antibodies to fight off chicken pox.

Babies can have antibodies even if they haven't had chicken pox themselves, as the antibodies can pass across the placenta and in breast milk from their mother (if their mother is immune). Most babies who have antibodies do not need any treatment, but should be monitored closely for 3 weeks.

If the baby does not have antibodies, or if they are very premature (less than 28 weeks) or very low birth weight (less than 1kg), they will be given a medicine called Varicella Zoster Immunoglobulin (VZIG), which contains antibodies.

It can help protect the baby from developing the virus or it can make the illness shorter and less severe. Babies who receive VZIG should be monitored closely for 4 weeks, as sometimes it can delay the infection.

Babies who show signs of developing chicken pox are sometimes given an anti-viral medicine called Aciclovir, which can make the illness shorter or less severe.

I am the baby's mother. What happens if I develop chicken pox?

You **should not** visit the neonatal unit and you should immediately phone to inform the nurses or doctors.

Sometimes it is possible for infected mothers to continue to visit and breast feed their baby, but this needs to be agreed with the neonatal team in advance, to ensure that your baby and other babies on the unit are not put at risk of developing chicken pox.

What about shingles?

After a chicken pox infection, the virus can lie inactive in the body for many years, without causing any symptoms.

Shingles happens when the virus gets reactivated in certain nerve cells, causing pain and the same bumpy, then fluid filled rash as chicken pox, in a limited part of the body.

A person who isn't immune to chicken pox (normally if they haven't had chicken pox before) can catch chicken pox if they come into contact with the shingles rash. If the area of shingles is fully covered up, the virus is unlikely to pass onto others, but any exposed areas are very infectious.

Anyone with shingles **should not** visit the neonatal unit. Please let the nurses or doctors know if a visitor develops shingles after visiting the neonatal unit.

References:

Harding M. *Chicken Pox in Children* (2018). [<https://patient.info/health/viral-rashes/chickenpox-in-children>]

Aneurin Bevan Health Board. *Patient Information Chicken Pox (Varicella Zoster Virus)* (2012). [<http://www.wales.nhs.uk/sitesplus/documents/866/Chicken%20Pox%20-%20Varicella%20Zoster%20Virus.pdf>]



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