Clinical Management of Chickenpox in Adults

Box 1

- Chickenpox is the primary systemic infection with Varicella-Zoster virus (VZV)
- Chickenpox has a mortality and morbidity in adolescents and adults compared to children. Immunocompromised adults and non-immune pregnant woman are at particular risk.
- Prompt treatment with Aciclovir is duration and severity of symptoms.
- There is no evidence of benefit of Aciclovir once the rash has been established for >48 hrs, with no new vesicles.
- Infectivity: 2/7 prior to onset rash, until all vesicles crusted. Immunity in contacts can be assumed if clear history of clinical chicken pox or shingles.
- Incubation of chicken pox: 8-21 (usually 10-14) days

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

N

Y

Pregnant?

N

Y

Signs of severe infection (Box 2)

N

Y

Other risk factors for pneumonitis?

- smoker, chronic lung disease?

N

Y

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

N

Y

Give oral treatment (Box 3) + symptomatic relief. Advise re infection risk. (Box 1)

Monitor for severe infection (Box 2)

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

Give oral Aciclovir 800mg x5/day for 7 days (Box 3)

References: