



FAQs Chickenpox, chickenpox vaccine and scarlet fever

Frequently Asked Questions: Chickenpox, chickenpox Vaccine and Scarlet Fever

Chickenpox is usually a mild and common childhood illness that most children catch at some point. It causes a rash of red, itchy spots that turn into fluid-filled blisters that crust over to form scabs. To prevent spreading the infection, children should stay away from the nursery or school until all spots have crusted over which is usually 5 days. IBUPROFEN (Brufen) or ASPIRIN should NOT be given to children who have CHICKENPOX.

Infections can be spread through direct physical contact between children and staff and through shared contact with surfaces such as table tops, taps, toys and handles. Good hygiene practice such as hand washing remains the most important step in preventing and controlling spread of infection.

Surveillance data suggests that by the age of five, 65% of children will already have had chickenpox. Therefore the majority of children susceptible to chickenpox are in the younger age groups.

Scarlet fever is a common childhood bacterial infection caused by Streptococcus pyogenes, or group A streptococcus (GAS). The symptoms of scarlet fever include sore throat, headache, fever, nausea and vomiting. After 12 to 48 hours the characteristic red, pinhead rash develops, typically first appearing on the chest and stomach, then rapidly spreading to other parts of the body, and giving the skin a sandpaper-like texture. Patients typically have flushed cheeks and pallor around the mouth. This may be accompanied by a 'strawberry tongue'. Although scarlet fever is usually a mild illness, patients can develop complications.

Children and adults with suspected scarlet fever should contact their GP for a consultation. Antibiotics are normally given. If individuals are diagnosed with scarlet fever, they should be excluded from nursery / school / work for 24 hours after they have started treatment.

Why is Chickenpox and Scarlet Fever infection an issue?

If chickenpox is present at the same time as scarlet fever in a nursery or pre-school setting, there is a risk of dual infection leading to more serious infection and possible invasive Group A Streptococcal disease (iGAS). Studies have shown that Chickenpox vaccine may be effective in preventing chickenpox.

What are the symptoms of invasive Group A Streptococcal disease (iGAS)?

Signs and symptoms are similar to severe flu-like-symptoms of fever, severe muscle aches and localised muscle tenderness. If you or your child has these symptoms you should contact your GP or seek other medical advice immediately. Take this leaflet with you.

What is the advice for people at increased risk of severe chickenpox?

People who are at increased risk of severe chickenpox are immunosuppressed individuals, neonates and pregnant women **who are not already immune** (e.g. previously had chickenpox). If someone at increased risk of severe chickenpox is significantly exposed to the virus (for example lives with, or works/is cared for in the same room as a case during their infectious period) they should contact their GP, midwife or 111 for assessment and advice as they may be eligible for preventative treatment.

What type of vaccine is the Chickenpox vaccine?

It is a weakened live vaccine given by injection, produced in a laboratory to produce an organism that can produce immunity in the body without causing illness, to help protect adults



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and children against varicella (chickenpox). About 1% of people who receive the vaccine may develop a mild form of the disease, consisting of a limited rash, most often with 5 to 6 spots or blisters. Usually there is no fever.

Vaccines are used to protect your child against infectious diseases, it can be given to persons 9 months of age or older. It may also be given to persons who have no history of chickenpox, but who have been exposed to someone who has chickenpox. Vaccination within 3 days of exposure may help prevent chickenpox or reduce the severity of disease, resulting in fewer skin lesions and shorter duration of illness.

Chickenpox vaccine is NOT part of the normal childhood immunisation programme, while during childhood is unpleasant, the vast majority of children recover quickly and easily.

How many doses are needed to give protection?

Two doses of vaccine are required to give the best protection 6 to 8 weeks apart. The vaccine is given by injection.

Are there some children who should not get the vaccine?

The vaccine cannot be given to

- Children for whom no valid consent has been received.
- Has had a confirmed anaphylactic reaction to:
 - a previous dose of a varicella zoster containing vaccine
 - any other components of the vaccine,
- Immunocompromised
- Pregnant women
- Under 9 months of age
- Unless given on the same day, MMR given within the last 4 weeks
- Human normal immunoglobulin (HNIG) or Human varicella zoster immunoglobulin (VZIG) within the last 3 months
- Under 16 years of age taking salicylates on medical advice
- Acute systemic or febrile illness (postpone until fully recovered)
- Active untreated tuberculosis

What are the possible side effects of this vaccine?

Possible side effects are generally mild and not everybody will get them. The most commonly reported reactions are at the injection site (pain, redness and rash). Symptoms such as fever, irritability and rash can also occur but less frequently. Within one month of vaccination, up to 10% of adults and 5% of children develop a rash, either at the injection site or more widespread over the body. Simple paracetamol can be given if your child experiences any pain or redness at the infection site.

Rash after vaccination

If following vaccination, your child develops a rash that is generalised, your child should avoid contact with at risk individuals including pregnant women. If you are concerned about this then an individual risk assessment can take place on the day of the vaccination.

Other less common side effects include:

Common reactions (reported by less than 1 out of 10 but more than 1 out of 100 people) were:

- upper respiratory tract infection (nose, throat, airway)
- irritability
- rash, measles-/rubella-/varicella-like rash
- injection site rash, itching at the injection site

Uncommon reactions (reported by less than 1 out of 100 but more than 1 out of 1,000 people) were:

- headache, drowsiness
- discharge and itching of the eyes with crusting of eyelids (conjunctivitis)
- cough, nasal congestion, chest congestion, runny nose, loss of appetite, flu
- upset stomach with vomiting, cramps, diarrhoea caused by a virus
- diarrhoea, vomiting (gastroenteritis)



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- ear infection, sore throat
- crying, inability to sleep, sleep disorders
- Varicella skin rash caused by virus (chicken pox), illness caused by a virus, inflammation of the skin, nappy rash, redness of the skin, sweat rash or prickly heat, hives
- weakness/fatigue, generally feeling unwell, injection site reactions including hive-like rash, numbness, bleeding, bruising, hardened raised area of the skin, warm feeling, warm to touch



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Other side effects have been reported however these are quite rare. If you require further information on the rare side effects then please visit:

<https://www.medicines.org.uk/emc/product/5582/pil>

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. By reporting side effects, you can help provide more information on the safety of this medicine.

Additional information

If your child is due their second MMR (usually given at age 3 years 4 months), this will need to be postponed for 4 weeks after the last dose of Chickenpox vaccine