	NHS Greater Glasgow & Clyde BOARD INFECTION CONTROL COMMITTEE	Effective From	December 2025
	CHICKENPOX [VARICELLA ZOSTER VIRUS (VZV)] AIDE MEMOIRE	Review Date	December 2027
		Version	1

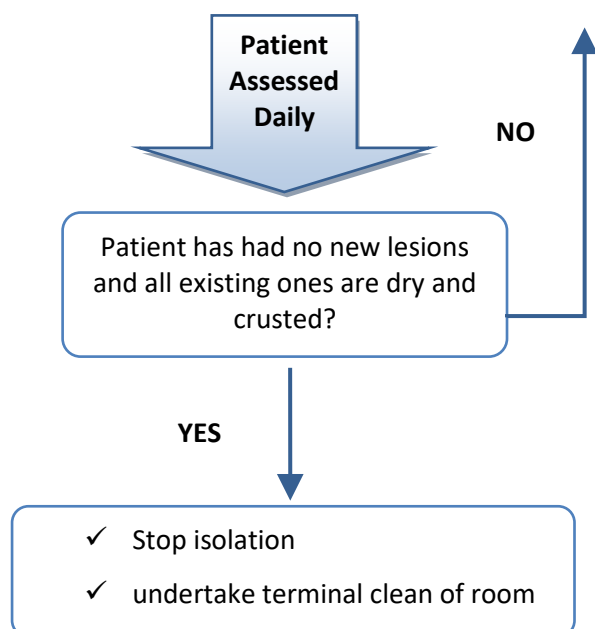
The most up-to-date version of this document can be viewed at the following web page:
www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control

Chickenpox Aide Memoire

Isolate in a single room with Transmission Based Precautions:

- ✓ Ensuite / own commode
- ✓ Door closed
- ✓ IPC yellow sign on door
- ✓ Dedicated equipment
- ✓ Ideally room should have negative pressure ventilation
- ✓ **Care Checklist** completed daily

If unable to comply with isolation precautions, ward staff should complete failure to isolate risk assessment daily.



Guidelines for patients in isolation:

Hand Hygiene: Liquid Soap and Water or alcohol hand rub

PPE: Yellow apron and FFP3 mask / hood are required for routine care of the patient and during AGPs. Gloves are required when it is anticipated that there is contact with or exposure to blood, bodily fluids, secretions, excretions, non-intact skin or mucous membranes or contaminated surfaces. Where there is a risk of splashing of blood/body fluids to the face, eye protection should be considered

Patient Environment: Twice daily chlorine clean

Patient Equipment: Chlorine clean immediately after each use and twice daily

Laundry: Treat as infected


Waste: Dispose of as Clinical / Healthcare waste

Incubation Period: (10 - 21 days) approx 14 days

Period of Communicability: 1-2 days before rash, until all blisters/lesions have crusted and no new ones have appeared.

Transmission route: direct contact, droplet, airborne



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Additional Information

Clinical Condition	<p>A generalised viral disease with acute onset of slight fever, and an itchy rash. Blister-like lesions (vesicles) on the body, but more commonly concentrated on the face, scalp and trunk and form a granular scab 3-4 days after they appear. Non-immune adolescents and adults are most at risk from severe disease. Complications can include secondary bacterial infection in previously healthy individuals.</p> <p>Non-immune pregnant women with VZV may develop life-threatening pneumonitis. Babies born to mothers with chickenpox within 4-7 days either side of birth are at enhanced risk of serious disease.</p> <p>chickenpox-in-pregnancy-v4.pdf</p>
Mode of Spread	Direct contact, droplet or airborne.
Evidence of Immunity	A history of chickenpox is considered adequate evidence of immunity. Approximately 95% of adults are immune and infection usually results in life-long immunity.
Specimens Required	On advice of clinicians. Send swabs of lesions in viral transport medium (not charcoal), to virology. A blood sample is required when screening for immunity.
Contacts: Staff/ Patients/ Visitors	<p><u>Action to be taken following exposure:</u></p> <p>Identify staff and patients who are deemed a 'significant exposure'. The following should be used as a guide to the type of exposure, other than maternal/ neonatal and continuous home contact. 'Significant exposure' is defined as 'exposure to someone who has no history of varicella or serological evidence of immunity'.</p> <ol style="list-style-type: none"> Contact in the same room (e.g. in a house, a classroom or a 2-4 bed hospital bay) for a significant period of time (15 minutes or more). Face-to-face contact, e.g. while having a conversation for more than 5 minutes. In the same 2-4 bed bay or adjacent beds in a large ward. Face-to-face indoor play. <p>Patients should be isolated in a single room from 10 days of first exposure or discharged home. Isolation should continue until day 21 after last exposure.</p> <p>Consult an Infectious Disease Physician, Virologist or Microbiologist for advice regarding the administration of post-exposure prophylaxis for pregnant women. Please also refer to the Varicella Chapter in Immunisation Against Infectious Disease 'Green Book' and the Immunoglobulin Handbook.</p>