Chicken Pox and Shingles Guidelines
(Varicella Zoster Virus (VZV))

<table>
<thead>
<tr>
<th>Version Number:</th>
<th>V1</th>
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</thead>
<tbody>
<tr>
<td>Name of originator/author:</td>
<td>IPC Team</td>
</tr>
<tr>
<td>Name of responsible committee:</td>
<td>Clinical Governance Committee</td>
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<td>Name of executive lead:</td>
<td>Chief Nurse and Director of Quality Assurance</td>
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<td>CL62</td>
</tr>
</tbody>
</table>
# Chicken Pox and Shingles Guidelines (Varicella Zoster Virus VZV)

**Lead Executive Director:** Chief Nurse and Director of Quality Assurance

**Author and Contact Number:** IPC Team 07553 383 796

**Type of Document:** Guidelines

**Broad Category:** Broad

## Document Purpose

The purpose of these guidelines is to ensure that every member of staff involved in patient management will be aware of Chickenpox and shingles, modes of transmission and risk of spread.

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**Scope:** Trust Wide

**Consultation:** IPC Committee, Matrons, Ward Managers

**Approving Committee:** Clinical Governance Committee

**Approval Date:** Jan 2013

**Ratification and Date:** Lead Executive Approval

**Date of Ratification:** 16/06/2014

**V1 Valid from Date:** June 2013

**Current version is valid from approval date**

**Date of Last Review:** New document

**Date of Next Review:** June 2016

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**Procedural Documents to be read in conjunction with this document:**

**Training Needs Analysis Impact:** There are no Training requirements for this procedural document

**Financial Resource Impact:** There are no Financial resource impacts

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**Document Change History**

Changes to this document in different versions must be detailed below. Rationale for the change should also be given.

<table>
<thead>
<tr>
<th>Version Number / Name of procedural document this supersedes</th>
<th>Type of Change i.e. Review / Legislation / Claim / Complaint</th>
<th>Date</th>
<th>Details of Change and approving group or Executive Lead (if done outside of the formal revision process)</th>
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</thead>
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**External references used in the creation of this document:**

If these include monitoring duties upon the Trust for this policy the specific details should be recorded on the Monitoring and Compliance Requirements sheet

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**Privacy Impact Assessment submitted:** N/a

**Any issues?** Choose an item.

**Fraud Proofing submitted:** N/a

**Any issues?** Choose an item.

If not relevant to this procedural document give rationale:
Policy authors are asked to consider each of the nine protected characteristics under the Equality Act 2010. We expect you to demonstrate that throughout the policy process you have had regard to the aims of the Equality Duty:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
3. Foster good relations between people who share a protected characteristic and people who do not share it.

Please provide a brief account of how you have done this, further work to be completed and any support you have had in considering the aims and working in compliance with the Equality Duty.

If you are unclear on how to do this or would like further advice and support then you may contact quality.admin@mhsc.nhs.uk.

It is the responsibility of the approving group to ensure this statement reflects the Trust's objectives and position with compliance as set out within the NHS Equality Delivery System

This policy is broad and the scope is Trust wide so completes with the Trust's Equality Delivery System

| In line with the Trust values we may publish this document on our External Website. Is there any reason you would prefer this is not done? | None |

It is the Authors responsibility to ensure all procedural documents comply with the Trust values

If you are unclear on any of the requirements in the document control sheet then please email quality.admin@mhsc.nhs.uk before proceeding
**Monitoring and Compliance Requirements Sheet**

For audit, Registration and NHSLA purposes all procedural documents must have monitoring requirements or key performance indicators set by the authors, Committees or Lead Directors. This allows the Trust to routinely monitor the effectiveness and impact of their procedural documents on a regular basis.

<table>
<thead>
<tr>
<th>Procedural Document Title:</th>
<th>Chicken Pox and Shingles guidelines (Varicella Zoster Virus VZV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this procedural document offer support or evidence for the Trust’s registered activities and outcomes?</td>
<td>Yes</td>
</tr>
<tr>
<td>Is this an NHSLA Document?</td>
<td>No</td>
</tr>
<tr>
<td>If other Monitoring requirements are necessary i.e. Health &amp; Safety Act and you should include them here and record them in the External References section</td>
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<td>Specify where the requirement originates</td>
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</tr>
<tr>
<td>Minimum Requirement / Standard / Indicator to be monitored &amp; Section of document it appears</td>
<td>Process for monitoring</td>
</tr>
</tbody>
</table>

| When patient is identified with Varicella the IPC Team will monitor adherence to guidance and record in Datix IPC Interventions | IPC Team | Yearly | Review of results | |

**NB:** If you have selected audit you should complete the required audit registration form and standards document and submit these with your expected timescales for completing the audit to quality.admin@mhsc.nhs.uk as soon as possible and no later than 4 weeks prior to the audit commencing.

The Group / Committee should also ensure the monitoring work is added to their yearly schedule of monitoring and action logs as appropriate.
## Contents Page

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>Purpose</td>
<td>6</td>
</tr>
<tr>
<td>3</td>
<td>Definition of Terms</td>
<td>6</td>
</tr>
<tr>
<td>3.1</td>
<td>Chicken Pox</td>
<td>6</td>
</tr>
<tr>
<td>3.1.1</td>
<td>Mode of Transmission</td>
<td>7</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Incubation Period</td>
<td>7</td>
</tr>
<tr>
<td>3.1.3</td>
<td>Period of Communicability</td>
<td>7</td>
</tr>
<tr>
<td>3.2</td>
<td>Shingles</td>
<td>7</td>
</tr>
<tr>
<td>3.2.1</td>
<td>Mode of Transmission</td>
<td>7</td>
</tr>
<tr>
<td>3.2.2</td>
<td>Period and Communicability</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>Control Measures for Preventing the Spread of VZV</td>
<td>7</td>
</tr>
<tr>
<td>4.1</td>
<td>Susceptible Groups and Non Immune Contacts</td>
<td>7</td>
</tr>
<tr>
<td>4.2</td>
<td>Patients with Chicken Pox /Shingles</td>
<td>7</td>
</tr>
<tr>
<td>4.3</td>
<td>Mode of Transmission</td>
<td>7</td>
</tr>
<tr>
<td>4.4</td>
<td>Exposure to Varicella Zoster Virus</td>
<td>7</td>
</tr>
<tr>
<td>4.5</td>
<td>Confirmation of Chicken Pox/Shingles Index Case</td>
<td>8</td>
</tr>
<tr>
<td>4.6</td>
<td>Management of VZV Occurring on the Ward</td>
<td>8</td>
</tr>
<tr>
<td>4.7</td>
<td>Pregnant Staff/Patients</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>Links to Other Policies/Procedures/Guidelines</td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>Scope for Services</td>
<td>9</td>
</tr>
<tr>
<td>7</td>
<td>Contact for Further Advice</td>
<td>9</td>
</tr>
<tr>
<td>8</td>
<td>References</td>
<td>9</td>
</tr>
</tbody>
</table>

Have you considered using a flowchart in your document to provide easy reference for staff? If you need support in developing a flowchart contact quality.admin@mhsc.nhs.uk
Chicken Pox and Shingles Guidelines (Varicella Zoster Virus (VZV))

1 Introduction

Chickenpox (varicella) and shingles (zoster) are caused by varicella zoster virus (VZV). Following an attack of chickenpox, an individual develops immunity to the virus, which however remains viable in a state of latency in nerve cells. When immunity wanes, as occurs in old age and any state of immune suppression, reactivation of the virus may be triggered locally in the nerves and skin resulting in an attack of shingles. Chickenpox is highly infectious being mainly transmitted by the respiratory route, while shingles is much less infectious but direct contact with the vesicles can cause chickenpox in non-immune individuals.

Most people including pregnant women have had chickenpox in childhood and have long-term immunity with demonstrable Varicella Zoster IgG (VZ IgG) antibody in their blood. Among non-immune individuals, immunosuppressed patients, neonates and pregnant women are at increased risk of developing severe life threatening varicella. Exposure to varicella zoster infection cannot always be prevented but steps can be taken to prevent severe illness from developing therefore all non immune immunosuppressed patients, neonates and pregnant women must have a medical review if they are exposed or develop chickenpox or shingles.

The guidance applies to all staff providing care to all patients under the care of the Trust, whether in a direct or indirect patient care role. Adherence to this guideline is the responsibility of all staff employed by the Trust, including agency, locum and bank staff contracted by the Trust.

This guideline should be considered and included in services that are contracted and commissioned by the Trust.

2 Purpose

The purpose of these guidelines is to ensure that every member of staff involved in patient management will be aware of Chickenpox and shingles, modes of transmission and risk of spread.

This guideline aims to identify individuals who are at risk of developing severe varicella within a time frame after exposure, when intervention measures are most effective in their prevention and to prevent healthcare workers acquiring or transferring infection to patients.

All staff need to be aware of their personal responsibilities in preventing the spread of infection. All healthcare workers are expected to be immune to chickenpox; therefore, those who have no history or are unsure of their chickenpox status should seek advice from the Occupational Health Department.

Adherence to this guidance is the responsibility of all staff, including agency, locum, and bank staff and those contracted to the Trust.

3 Definition of Terms

3.1 Chickenpox

Although a common childhood illness, chickenpox can cause severe illness in some adults and susceptible groups.
These groups are:

- Pregnant women
- Immunocompromised patients, including: Patients on long term steroids; Patients with symptomatic HIV/AIDS; Persons who have received a bone marrow transplant in the last 6 months
- Neonates

3.1.1 Mode of Transmission - Airborne spread of respiratory secretions and direct contact with vesicles and vesicular fluid.

3.1.2 Incubation Period - 10-21 days after contact.

3.1.3 Period of Communicability – Up to 4 days but usually 1-2 days before the rash appears and until vesicles have crusted over.

3.2 Shingles

The VZV becomes latent in the central nervous system and later in life can reactivate itself in the form of shingles. Shingles is therefore a reactivation of the chickenpox virus. Shingles only occurs in people who have had chickenpox in the past. It is less infectious than chickenpox but there is a small chance of catching chickenpox from a person with shingles if you have not had chickenpox previously.

3.2.1 Mode of Transmission – Direct contact with vesicles or vesicular fluid only.

3.2.2 Period and Communicability – From the appearance of vesicles until all vesicles have crusted over.

4 Control Measures for Preventing the Spread of VZV

4.1 Susceptible Groups and Non-Immune Contacts

Susceptible groups and non immune contacts should not come into contact with chickenpox or shingles cases. A non-immune contact is anyone without a definite history of chickenpox/shingles or vaccination against chickenpox.

4.2 Patients with Chickenpox/Shingles

Inform the Infection Prevention & Control Team immediately that a case/suspected case of chickenpox or shingles has been identified.

4.3 Mode of Transmission

Chickenpox can be transmitted person to person by the following routes:

- Direct contact with lesions
- Droplet or airborne spread of vesicle fluid
- Secretions of the respiratory tract of chickenpox cases
- Vesicle fluid of patients with herpes zoster

4.4 Exposure to Varicella Zoster Virus

An exposure to varicella zoster virus is significant if:
• The index case has chickenpox, disseminated zoster or an exposed localised lesion e.g. ophthalmic zoster. If the index case is immunosuppressed then a local lesion anywhere may be significant as shedding is greater in these.

• Exposure occurs between 48 hours before onset of rash up to crusting of all lesions (chickenpox) or from day of onset of rash to crusting of all lesions in zoster.

• Contact with index case is in the same room e.g. in a house or classroom or 2-4 bed hospital bay for at least 15 minutes or direct face to face contact e.g. while having a conversation for more than 5 minutes.

4.5 Confirmation of Chickenpox or Shingles Index Case
Whenever exposure to VZV is suspected, the diagnosis of chickenpox or shingles must be confirmed either by the medical staff or a dermatologist, if index case is within the hospital (staff or in-patient). The diagnosis of these conditions is clinical and they should be differentiated from other types of rash.

4.6 Management of VZV Occurring on a Ward
Refer to Appendix 1. The patient must be treated as highly infectious. Staff must follow the Trust’s policies on:

• Isolation
• Standard Infection Prevention and Control Precautions
• Hand Hygiene
• Waste Management
• Management of Laundry
• Decontamination of equipment
• Clinical Cleaning and Environmental Cleaning

Bed linen should be changed daily, and staff must wear PPE and use red alginate linen bags for bed linen.

Clinell wipes should be used to wipe down furniture and equipment in patient’s room and cleaning staff should be made aware of the need for additional precautions and cleaning of patient rooms.

4.7 Pregnant Staff/Patients

Non immune pregnant staff who are suspected or confirmed as having been exposed to someone with chickenpox or shingles must contact the Occupational Health Department for advice.

Non immune pregnant patients should be reviewed by medical staff and advice sought from IPC Team and/or microbiologist.

5 Links to Other Policies/Procedures/Guidelines

• Infection Control Isolation Procedure
• Hand Hygiene Policy and Procedure
6 **Scope for Services**

These guidelines apply to all services directly provided by the Trust and all clinical staff should familiarise themselves with the guidelines and associated policies.

It is the responsibility of independent contractors to reduce healthcare associated infections (HCAI) and the transmission of infection. MMHSCT recommends that contractors apply the principles of these guidelines as minimum standards within their practices (adapting it where necessary to specific interventions and service needs) to ensure that their professional and contractual responsibilities are discharged.

7 **Contact for Further Advice**

Lead Nurse Infection Prevention and Control: Karen Keighley Tel: 07553 383 796
Infection Prevention Nurse: Sandra Walker Tel: 07423 455256
Infection Prevention Nurse: Tony Rogers Tel: 07423 454438

Refer to Immunisation Against Infectious Diseases (2006) – The Green Book (Chapter 34).


8 **References**