

Where **kids** come first

Chicken Pox



Hôpital de Montréal
pour enfants

Centre universitaire
de santé McGill



Montreal Children's
Hospital

McGill University
Health Centre

Chicken pox is a common childhood illness caused by a very contagious virus. The virus is passed from one person to another through contact with the saliva or with fluid from the lesions or sores that develop on an infected child's body. The virus is also present in droplets in the air and it is possible to catch it by being in a room with an infected child.

Chicken pox may leave permanent scars especially if the lesions become infected or the child scratches them.

Chicken pox can leave temporary marks on the skin that take six to 12 months to fade. Dark-skinned individuals may develop hypo-pigmented marks.

When to see a doctor?

You should consult a doctor if your child:

- shows signs of secondary infection indicated by redness or swelling around the lesions;
- develops other symptoms (high fever, headache, vomiting more than three times);
- becomes confused, lethargic (difficult to wake up) or develops trouble walking.

Diagnosing chicken pox

Children with chicken pox develop a very itchy rash. The rash appears as multiple small, red bumps which progress to small water blisters and then to open sores, which gradually dry and form crusts.

The rash usually starts in the warmer areas of the body and spreads to the rest of the body and may be found on the head, neck, face, trunk, arms, legs, and genitalia. Occasionally there can be lesions in the mouth and on the eye. There may be only a few spots or hundreds of spots.

Chicken pox usually lasts five to seven days. New skin eruptions occur every day for four to five days. Fever is usually highest on the third or fourth day. Your child will start to feel better and have less, or no fever once new lesions stop developing.

Twenty-four hours before the rash appears, your child may not feel well, have a poor appetite and have a slight fever and runny nose.



Treatment at home

Antibiotics are not prescribed for chicken pox. The following tips will help your child recover as quickly as possible:

- To relieve itchiness
 - bathe your child in a bath of Aveeno® or Keri® oil; bathing a child with baking soda or applying calamine lotion may dry the skin and make the rash more itchy.
 - apply a soothing, moisturizing lotion (such as Glaxal Base® or Vaseline®) or cool compresses to the lesions;
 - give a nonprescription antihistamine (such as Benadryl®) if itching is severe.
- Give your child acetaminophen (such as Tylenol®) for fever. **Do not give aspirin/ASA.**
- Keep fingernails short. If your child is still a baby, consider putting mittens on his hands at night to prevent scratching.
- If your child has difficulty eating due to chicken pox in his mouth, offer him cold fluids and soft foods.



Prevent the spread of chicken pox

The best preventive measure is to make sure your child is immunized at the appropriate time. Remember the higher the “herd” immunity, the less chance of outbreaks of chicken pox. Adults who have not had chicken pox should be immunized; adults represent a small proportion of individuals with disease but a high proportion of those with more serious side effects.

If your child has chicken pox, they should stay at home and rest. Children are contagious two days prior to the appearance of the rash and until all lesions have crusted over, which is usually five to seven days after the rash first appears. If your child contracts chicken pox, please advise your daycare provider or school. Your child can return to daycare or school when he has enough energy to partake in regular activities.

A child may develop chicken pox 10 to 21 days after contact with the disease. If your child has not had chicken pox, they can catch it by contact with an infected child during the first two days **prior** to the rash appearing or with an infected child **after** the rash has appeared.

An adult may develop herpes zoster (shingles) after contact with a child with varicella. Herpes zoster is a reactivation of the varicella-zoster virus in someone who has previously had chicken pox.

The varicella vaccine prevents chicken pox and is recommended for all children older than 12 months who have not had chicken pox. We now recommend a booster varicella vaccine around 4 to 6 years of age. For older adults, there is a vaccine to prevent herpes zoster.

Wash hands with soap and water to decrease the risk of infection.



This information was prepared by Dr. Richard Haber of the Pediatric Consultation Centre of the Montreal Children's Hospital of the McGill University Health Centre.

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