## Foundation for Ichthyosis & Related Skin Types, Inc.®

## **Chicken Pox**

Chicken Pox is a common disease caused by the varicella zoster virus, which is a member of the herpes family. It usually occurs during childhood and is very contagious. Adults can contract the virus if they did not have it in childhood.

Chicken pox most often begins with a slight fever, body aches and loss of appetite. Within one to two days, the rash appears usually starting on the chest or back. Initially the rash begins as red spots, which then rapidly form blisters and spreads to the rest of the body. The blisters open and form a crust or a scab within a few days. The rash can continue to break out for four to five days as older blisters scab and heal. Itching can accompany the rash along with fever, sore throat, swollen lymph nodes and general body aches.

A vaccine for chicken pox was licensed in the U.S. in 1995. The American Academy of Pediatrics now recommends that all children receive one dose of the chicken pox vaccine between the ages of 12 and 18 months. Older children who have not received the vaccine and have not had a natural chicken pox infection may receive the vaccine at any time. People who do not get the vaccine until 13 years of age or older should get 2 doses, 4 to 8 weeks apart.

Pediatricians recommend that children with skin conditions receive the vaccine, because the natural chicken pox infection could give them more complications than a mild infection from the vaccine. A very small percentage of people will get a mild rash or several small bumps after vaccination. Most people who have been vaccinated do not get chicken pox. Those that do get chicken pox after vaccination usually have a very mild case, have fewer spots, are less likely to have a fever, and recover faster.

Children with ichthyosis **should** be vaccinated against chicken pox. There is an increased risk for secondary infection from chicken pox for children whose skin is inflamed and scaling and therefore less protective against infection. The most common complications from natural chicken pox infection are bacterial infections of the skin and soft tissue in children and pneumonia in adults. The varicella zoster virus is a well-documented risk factor for invasive group A streptococcus infection. These infections can be very serious for someone who has ichthyosis.

For children with ichthyosis whose skin condition worsens with stress and other viral infection, like colds and flu, the chicken pox infection may lead to a worsening of the ichthyosis symptoms. At the very least, a child who has itchy, inflamed, or very dry scaly skin will be very uncomfortable with a chicken pox infection.

If your child has not had a natural chicken pox infection, has not had the vaccine, and is exposed to chicken pox, oral Zovirax (acyclovir) can help decrease the severity of symptoms. Zovirax can decrease the fever and number of skin lesions of chicken pox, particularly if administered within the first twenty-four hours of the infection.

If your child does develop a natural chicken pox infection, treatment should focus on relief of symptoms. Tylenol or ibuprofen can relieve pain and fever; aspirin should be avoided. Colloidal oatmeal baths may help relieve itching. Moisturizing immediately after baths can help relieve itching, and may help to keep the scaling and ichthyosis symptoms from getting worse. Anti-itch creams and lotions like Aveeno Anti-itch cream. Prax, Sarna, or Zonalon (Zonalon is a prescription preparation) can help. You should avoid anti-itch preparations that contain topical Benadryl or "caines," like lidocaine or benzocaine, since these can sensitize the skin to the development of rashes with later applications. Oral antihistamines, like Benadryl, can help take the edge off the itching. If Benadryl is not effective, your doctor may be able to recommend another antihistamine by prescription that may be more helpful.

To learn more about chicken pox and the chicken pox vaccine, talk to your family doctor or pediatrician, or search the following:

Centers for Disease Control and Prevention 1-800-232-4636 English 1-888-246-2857 Español

CDC Varicella (Chickenpox) Vaccine Q&A: <a href="http://www.cdc.gov/vaccines/vpd-vac/varicella/vac-faqs-gen.htm">http://www.cdc.gov/vaccines/vpd-vac/varicella/vac-faqs-gen.htm</a>

CDC Vaccines & Preventable Diseases: www.cdc.gov/nip/menus/vaccines.htm#varicella

American Academy of Pediatrics Immunization Initiatives: www.cispimmunize.org

This information is provided as a service to patients and parents of patients who have ichthyosis. It is not intended to supplement appropriate medical care, but instead to complement that care with guidance in practical issues facing patients and parents. Neither FIRST, its Board of Directors, Medical & Scientific Advisory Board, Board of Medical Editors, nor Foundation staff and officials endorse any treatments or products reported here. All issues pertaining to the care of patients with ichthyosis should be discussed with a dermatologist experienced in the treatment of their skin disorder.



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Improve lives and seek cures for those affected by ichthyosis and related skin types.

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