

Chickenpox in Adults and Teenagers

Chickenpox causes a rash and can make you feel unwell. Symptoms tend to be worse in adults than children. Treatments can ease the symptoms until the illness goes. An antiviral drug may limit the severity of the illness if the drug is started within 24 hours of the rash first starting. Full recovery is usual. Serious complications are rare, but are more common in adults than children, and are more likely to occur in pregnant women and in people with a poor immune system, such as those on chemotherapy. If you are pregnant and have not had chickenpox (or been immunised) and come into contact with a person with chickenpox - see your doctor urgently as treatment may prevent chickenpox from developing.

What is chickenpox?

Chickenpox is an infection caused by the varicella-zoster virus. The immune system makes antibodies during the infection. These fight the virus and then provide lifelong immunity. Therefore, it is uncommon to have more than one bout of chickenpox in a lifetime.

Most people have chickenpox as a child. About 9 in 10 people have had it by the age of 15. It is uncommon for adults to have chickenpox.



What are the symptoms of chickenpox?

Symptoms are usually more severe in adults than in children. Expect to have a few uncomfortable days.

- **Fever (temperature), aches and headache** often start a day or so before a rash appears.
- **Rash.** Spots appear in crops. The spots develop into small blisters and are itchy. They can be anywhere on the body and sometimes also in the mouth. Several crops may develop over several days. Some people are covered in spots; others have only a few.
- **Cough, sore throat, and feeling sick** are common.

The fever and generally feeling unwell can last several days. The blisters gradually dry up and scab. They slowly fade over a week or so, but may take 2-3 weeks to go completely. A dry cough may persist for a while after all the other symptoms have gone.

What is the treatment for chickenpox?

Symptomatic treatments

Treatments that may ease symptoms whilst your immune system deals with the virus include the following:

- **Having plenty to drink** to avoid dehydration.
- **Taking paracetamol or ibuprofen** to ease fever, headaches, and aches and pains.
- **Soothing creams (emollients)** put on the spots may ease itching. Calamine lotion used to be used, but there is little evidence this works.
- **Antihistamine tablets** taken at bedtime may help you to sleep if itch is a problem at night. You can buy these at pharmacies, or get them on prescription.

Antiviral medication

Antiviral drugs such as aciclovir can limit the severity of chickenpox. These drugs do not kill the virus, but stop the virus from multiplying. Adults with chickenpox may be advised to take an antiviral drug - but only if the drug can be started within 24 hours of the rash first developing. If it is started after this time it is not likely to have much of an effect. So, if started on time, an antiviral drug may help to reduce the severity of the illness.

Antiviral medication is especially useful in situations where chickenpox can be more serious. For example, for people who have a poor immune system, newborn babies, and for pregnant women. (**Note:** antiviral medication is not normally advised for healthy children who develop chickenpox.)

Are there any complications?

- The spots do not usually scar unless they are badly scratched.
- In some cases, some spots become infected with bacteria. If this occurs, the surrounding skin becomes red and sore. Antibiotics may then be needed.
- Inflammation of the lung (pneumonia) is a rare complication affecting about 1 in 100 adults with chickenpox.
- Inflammation of the brain (encephalitis) is a very rare complication.
- Very rarely, other serious complications develop. For example: myocarditis (inflammation of heart muscle), glomerulonephritis (kidney inflammation), appendicitis, hepatitis (inflammation of the liver), pancreatitis (inflammation of the pancreas), Henoch-Schönlein purpura (a condition that affects kidneys), orchitis (inflammation of the testes), arthritis, and inflammation of various parts of the eye.

Therefore, although serious complications are rare, it is best to be vigilant. See a doctor if you develop any worrying symptoms that you are unsure about such as:

- Breathing problems.
- Weakness.
- Drowsiness.
- Convulsions.
- Pains or headaches which become worse despite paracetamol or ibuprofen.
- Being unable to take fluids due to a severe rash in the mouth.
- A very severe rash, or a rash which bruises or bleeds into the skin ('haemorrhagic rash').
- Becoming generally more and more unwell.

In general, complications are uncommon. However, some people have a higher risk of developing complications from chickenpox. Anyone in the following groups should see a doctor urgently if they have symptoms of chickenpox:

- Pregnant women.
- People with a poor immune system. For example, people with leukaemia, with HIV/AIDS, taking steroid medication or chemotherapy.
- People with heart or lung disease.
- People with severe skin conditions.
- Very young babies - especially those less than a month old (neonates).

Shingles

Shingles is caused by the same virus that causes chickenpox and so is like a complication of chickenpox. Anyone who has had chickenpox in the past may develop shingles. Shingles is an infection of a nerve and the area of skin supplied by the nerve. It causes a rash and pain in a band-like local area along the affected nerve. About 1 in 5 people has shingles at some time in their life. It can occur at any age, but it is most common in people over the age of 50.

The reason why shingles may occur is because the virus does not completely go after you have chickenpox. Some virus particles remain inactive in the nerve roots next to your spinal cord. They do no harm there, and cause no symptoms. For reasons that are not clear, the virus may begin to multiply again (reactivate). This is often years later. The reactivated virus travels along the nerve to the skin to cause shingles. See separate leaflet called '*Shingles*' for details.

Chickenpox and pregnancy

If you are pregnant and have not had chickenpox (or been immunised) and come into contact with a person with chickenpox - see your doctor urgently. Chickenpox can be more serious if you develop chickenpox whilst pregnant. However, a treatment with a product called immunoglobulin may prevent chickenpox from developing. See separate leaflet that deals with this in more detail called '*Chickenpox Contact and Pregnancy*'.

Is chickenpox infectious?

A person with chickenpox is very infectious. The virus spreads in the air from person to person. For example, if you have not already had chickenpox, you stand a good chance of catching it if:

- You are in the same room as someone with chickenpox for more than 15 minutes; or
- You have any face-to-face contact with someone with chickenpox, such as a conversation.

It takes between 7 and 21 days (most commonly 10-14 days) to develop symptoms after catching the virus (the incubation period).

Protecting others

A person with chickenpox is infectious from two days before the rash first appears until all the spots have crusted over (commonly about five days after the onset of the illness). You can usually return to work after this time if you feel well enough. (A child with chickenpox should stay off school for five days from the onset of the rash.) Whilst you are infectious, keep away from people who have an increased chance of having a severe illness if they get chickenpox. These people are listed above under 'complications'.

Healthy people who have not had chickenpox may also want to avoid catching it. So, friends and family who have not had chickenpox may wish avoid you whilst you are infectious. However, most adults and many children have already had chickenpox, and so are immune.

Note: people with chickenpox should not travel by air until six days after the last spot appeared.

Are you a healthcare worker?

Healthcare workers come into contact with people with poor immune systems, pregnant women and newborn babies. They should be aware that if they catch chickenpox, they can be infectious for two days before a rash or illness appears, and be a risk to patients. So, if you are a healthcare worker and come into contact with someone who has chickenpox (or who develops it within the next two days), then:

- If you have been immunised against chickenpox, or have definitely had chickenpox in the past, you are likely to be immune. You should continue working, but contact your occupational health department if you feel unwell or develop a rash.
- If you are uncertain about whether you have had chickenpox or been immunised, you should have a test to see if you are immune. If you are not immune you should:
 - Avoid contact with high-risk patients for 8-21 days after contact with chickenpox.
 - Report to occupational health before patient contact if you feel unwell or develop a fever or rash.
 - Get immunised against the varicella-zoster virus (chickenpox virus).

Is there a vaccine against chickenpox?

Yes, there is an effective vaccine that protects against the virus that causes chickenpox. It has become part of the routine childhood immunisation programme in certain countries such as the USA, Canada and Australia.

Currently, there are no plans to make immunisation against chickenpox routine for children in the UK. In the UK, the vaccine is offered by the NHS to certain special groups. For example, to healthcare workers who are not immune to chickenpox. Also, to people who are not immune to chickenpox and who are in close contact with people with a poor immune system - for example, brothers and sisters of children who are on chemotherapy.

Further reading & references

- [Guidelines on Chickenpox - \(Varicella\)](#); Public Health England

- Guidance on Infection Control in Schools and other Childcare Settings, Health Protection Agency (April 2010)
- Immunisation against infectious disease - the Green Book; Dept of Health (latest edition)
- Heininger U, Seward JF; Varicella. Lancet. 2006 Oct 14;368(9544):1365-76.
- British National Formulary; 62nd Edition (Sep 2011) British Medical Association and Royal Pharmaceutical Society of Great Britain, London

Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. EMIS has used all reasonable care in compiling the information but make no warranty as to its accuracy. Consult a doctor or other health care professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

Original Author: Dr Tim Kenny	Current Version: Dr Tim Kenny	Peer Reviewer: Dr Beverley Kenny
Last Checked: 18/11/2011	Document ID: 4405 (v41)	© EMS

View this article online at www.patient.co.uk/health/chickenpox-in-adults-and-teenagers.

Discuss Chickenpox in Adults and Teenagers and find more trusted resources at www.patient.co.uk.

EMIS is a trading name of Egton Medical Information Systems Limited.