PRIORITIES AND CLINICAL EFFECTIVENESS FORUM

MANAGEMENT OF PREGNANT WOMEN AND NEONATES IN CONTACT WITH CHICKENPOX AND SHINGLES

- This is an updated guideline but there are no key changes
Management of Pregnant Women and Neonates in contact with Chickenpox and Shingles

Actions

1. At antenatal appointment take a history and give advice to those who have not had chickenpox, about avoiding contact but seeking medical advice if they are in contact with a case.

2. Following significant exposure to VZ in pregnancy

   (a) If women has positive history of chickenpox/shingles or is VZ antibody positive, no further action is required

   (b) In woman has no previous evidence of immunity, undertake a rapid VZ antibody test (insert specimen required and time taken to produce a result and window of opportunity following exposure)

   - Test positive – no further action required
   - Test negative – 1000 mg VZIG by intramuscular injection as soon as possible and no later than 10 days after exposure. Phone the Health Protection Agency, Colindale for supplies of VZIG, 0208 6868, or from virology laboratory at Northern General Hospital, Sheffield Tel: 0114 2714777
   - Risks to foetus are greater in the first 20 weeks of gestation and within 21 days of expected date of delivery. When VZIG is scarce priority will be given to these groups.

Take a clotted blood sample (red top bottle) and send direct to laboratory. The specimen can be stored in a fridge if necessary. A negative result will be telephoned through to the requesting GP as soon as practicable. (the next day if during office hours).

3. Seek expert advice if woman develops chickenpox at any stage of pregnancy. Antivirals may be indicated and hospital admission will be required in some cases.

4. Neonates

VZIG is recommended for the following:

- Infants whose mothers develop chickenpox (but not herpes zoster) in the period 7 days after delivery. VZIG can be given without antibody testing of the infant
VZIG is not usually required for infants born more than 7 days after the onset of maternal chickenpox or whose mothers develop zoster before or after delivery as these infants will have maternal antibody.

**VZIG is also recommended for the following:**

- VZ antibody-negative infants exposed to chickenpox or herpes zoster (other than in the mother) in the first 7 days of life
- VZ antibody-negative infants of any age, exposed to chickenpox or herpes zoster while still requiring intensive or prolonged special care nursing

**Definition of Significant Exposure**

1. Being in the same room as a case for at least 15 minutes
2. Face to face contact with a case e.g. during conversation
3. Exposure to chickenpox/disseminated zoster (from 48 hours before rash until cropping ceased and crusted)
4. Exposure to *exposed* localised zoster (ophthalmic zoster) in an immunocompetent patient (from day of onset until crusting)
5. Exposure to *covered* localised zoster in an immunosuppressed patient (from day of onset of rash until crusting). Immunosuppressed patients are more likely to shed virus and even those with localised lesions may pose a threat.

Additional and expert advice is available through the Health Protection Agency on 01623 819000

**References**

PHLS 2002. Immunoglobulin Handbook. Indications and dosage for normal and specific immunoglobulin preparations issued by the PHLS.


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