

history etc) and can advise them about seeking urgent expert advice from their specialist.

What if the exposed healthcare worker has weakened immunity?

Healthcare workers with weakened immunity who are exposed to chickenpox or shingles at work should seek immediate advice from their OH professional as they may need to be assessed for VZ immunoglobulin. The OH professional may refer them on to their specialist for urgent expert advice.

Summary

VZV infection in the healthcare setting may pose a significant risk to susceptible individuals. As an employer, you have a responsibility to ensure that you have an adequate programme in place to protect both patients and staff. In most cases this programme will be run by your occupational health and infection control staff, with support and cooperation from managers and the staff themselves.

Reference

- 1 NHS Plus, Royal College of Physicians, Faculty of Occupational Medicine. *Varicella zoster virus: occupational aspects of management. A national guideline*. London: RCP, 2010.

Further copies of this leaflet are available from NHS Plus:
Email: nhsplus@nhs.net

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For the full version of the guidelines on the occupational management of varicella zoster virus, see: www.nhsplus.nhs.uk

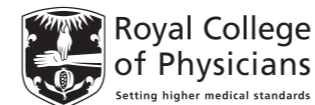
Chickenpox and shingles

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Evidence-based guidance for employers in healthcare



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Introduction

This leaflet is for managers in the healthcare sector. It provides guidance on the management of varicella zoster virus (VZV) infection in the workplace. This is the virus that causes chickenpox and shingles. The guidance is based on a review of current research evidence and the consensus of a guideline development group.¹

The recommendations apply to healthcare workers (HCWs) who are directly involved in clinical care, eg nurses and physiotherapists, and others such as porters, ward clerks and cleaners, who have regular contact with patients.

Chickenpox and shingles

Varicella zoster virus (VZV) causes chickenpox and shingles. In healthy children chickenpox is usually a mild illness. In adults, chickenpox may be more severe, leading to hospital admission and rarely death. It is particularly serious in those who have weakened immunity and pregnant women (where it can affect both mother and baby).

Following chickenpox infection the virus can reactivate (often decades later) and cause shingles. Shingles usually consists of a localised rash, but pain is a frequent complication and may persist even after the rash has gone.

Chickenpox usually starts with 1 or 2 days of fever, flu-like symptoms and feeling generally unwell. The classic sign of chickenpox is the appearance of blisters (vesicles) on the face and scalp. These spread to the trunk and eventually limbs. After about 7 days the blisters dry out and scab over.

Chickenpox is highly infectious and is spread by coughing and sneezing, up to 48 hours before the chickenpox rash appears. The rash of chickenpox

and shingles is considered to be infectious until the skin lesions have crusted over. Following contact with either chickenpox or shingles, it takes 10–21 days for the chickenpox rash to appear in susceptible contacts.

Does an employer have a duty to manage the risk of VZV in the workplace?

Employers have specific duties to protect those at work and others who may be affected by their work activity, such as patients (Health and Safety at Work Act 1974). The Control of Substances Hazardous to Health Regulations 2002 requires employers to assess the risks from exposure to hazardous substances, including infectious agents, and to implement measures to protect workers and others from those risks.

VZV infection in the healthcare setting may pose a particular risk to susceptible patients. Below we list the actions that a healthcare employer should take in conjunction with their occupational health and infection control services.

Do all new healthcare workers need VZV vaccine?

New healthcare workers should have their susceptibility to VZV assessed by the occupational health (OH) department, preferably before they have patient contact. Some staff will be asked to have a blood test to confirm their VZV status. Staff members with negative blood tests will be offered immunisation with two doses of vaccine.

Can all healthcare workers be protected against VZV infection?

No. Some staff will remain susceptible to chickenpox infection. This may be because they are

not able to be vaccinated for medical reasons (eg pregnancy, immunosuppression) or because they decline the vaccine.

Can staff who are not protected against VZV infection work in healthcare?

Yes. In these situations OH will consider whether any work restrictions are necessary. OH will take into account the risk of VZV infection to the HCW, the risk of onward transmission of infection to patients, and the effect of any redeployment on staffing levels, skill mix and hence patient safety. OH may advise that the HCW is excluded from work in certain high-risk areas such as infectious disease or cancer wards. These decisions will usually be taken in conjunction with the HCW, their manager and infection control, while respecting the HCW's right to medical confidentiality.

What should I do if a staff member develops chickenpox or shingles?

If one of your HCWs develops chicken pox or shingles, ask them to remain away from work until you and they have taken advice from your OH department. OH will advise on their fitness for work, and may need to arrange contact tracing of exposed staff. You must inform infection control so that they can advise on any patient contact tracing.

If the HCW has chickenpox, they will not be able to work until they have no new skin lesions and all existing lesions have crusted over.

If the HCW has shingles, the decision about their fitness to work is based on a number of factors such as whether they feel unwell, the part of their body affected by the shingles rash, their immune status and the type of patients that they care for.

Any decision will usually be made in conjunction with the HCW, their manager and infection control, while respecting the HCW's right to medical confidentiality.

What should I do if a staff member is exposed to a patient or colleague with chickenpox or shingles?

If the HCW has had chickenpox in the past they are very unlikely to develop it again. If they have been vaccinated, it is important to remind them that the vaccine is not 100% effective, and that they must report any symptoms to the OH department.

Healthcare workers who have not had chickenpox or shingles, and those who are unsure, are at risk of developing chickenpox. OH may recommend that they are excluded from contact with high-risk patients or that they continue in their normal place of work and inform OH if they feel unwell or develop a rash or fever during the incubation period.

Decisions about work placement during the incubation period may need to be taken by OH in conjunction with the HCW, their manager and infection control.

In the majority of situations a high level of vigilance for malaise, rash or fever (including taking temperature daily throughout the incubation period) will be adequate.

What if the exposed healthcare worker is pregnant?

Pregnant HCWs who are exposed to chickenpox or shingles at work should seek immediate advice from their OH professional as they need to be assessed for VZ immunoglobulin. The OH department may hold important information about their immune status (antibody test results, vaccine