PARKLAND SCHOOL DISTRICT

"Educating For Success, Inspiring Excellence."

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Dear Parent/Guardian:

A child at Cetronia Elementary School *has* contracted **chickenpox** and your child may have been exposed. Because the virus that causes **chickenpox** spreads easily, exposed children who have never had the vaccine or the disease will most likely get the disease. Although chickenpox is not usually a serious illness, it can cause severe complications such as pneumonia and can even result in death. Even a relatively mild illness can result in the loss of a week or more of class time for a child.

There is a chickenpox vaccine (varicella) available to help prevent chickenpox and it is recommended for persons older than 12 months of age, who have never had the disease. If your child has already had this vaccine, it should be on his or her shot record as varicella, VZV or chickenpox. The chickenpox vaccine has proven that it can prevent chickenpox or serve to lessen the severity of the disease. Studies have shown that children who have been exposed to **chickenpox** and are vaccinated within 5 days of exposure are less likely to contract the disease. **If your child has not had chickenpox disease OR has not been vaccinated,** please contact your health-care provider to make arrangements for obtaining the vaccination. If your child has had the disease or the vaccine, please ensure that your school nurse has it recorded on your child's school record.

For their protection, immunocompromised children exposed to a case of chickenpox should be kept out of school. If your child is immunocompromised, (i.e. HIV, cancer, leukemia, organ transplant, etc.) contact your child's physician immediately to report the exposure, ask for guidance for returning to school and request a written statement for the school nurse.

If your child does develop chickenpox (even if previously vaccinated with the varicella vaccine), he/she should be kept from attending school until the rash has scabbed over.

Please help us to protect your child and stop the spread of chickenpox in our school. If you have any questions regarding this notification letter, please contact Cetronia at ***610-351-5860.***

Sincerely,

Brenda DeRenzo
Director of Student Services

Sheri Fredrick-Deeb, RN
Director of School Health & Wellness

CHICKENPOX FACT SHEET

Overview

Chickenpox is a childhood illness that causes a blister-like rash, itching and fever. Chickenpox is caused by the varicella-zoster virus (VZV). VZV can also cause shingles.

Signs and Symptoms

Chickenpox symptoms include an uncomfortable, blister-like rash, severe itching, high fever, dehydration and headache. The rash appears first on the face, chest and back, but it can spread over the entire body, including the eyelids, inside of the mouth or genital area. There are usually between 250 and 500 itchy blisters.

In unvaccinated children, chickenpox symptoms usually last five to seven days. Illness in vaccinated children is less common. However, if it does occur, the symptoms are usually mild and only last a few days.

Causes and Transmission

Chickenpox is highly infectious and spreads from person to person by direct contact or through the air from an infected person. A person with chickenpox is contagious one to two days before the rash appears and remains contagious until all blisters have formed scabs. It takes from 10 to 21 days after contact with an infected person for someone to develop chickenpox.

Risk Factors

Before the varicella vaccine, most cases of chickenpox occurred in children younger than 15 years old. Now, the biggest risk factor for developing chickenpox is not being vaccinated.

Certain groups of people are more likely to have serious complications from chickenpox, including:

- Infants;
- Adolescents;
- Adults;
- Pregnant women; and
- People with weak immune systems, either from other illnesses or medication such as long-term steroids.

Complications

While most children recover from chickenpox without any complications, severe secondary bacterial infections can occur. These can occur at many sites of the body, including the skin, tissues under the skin, bone, lungs (pneumonia), joints and the blood. Other serious complications are due directly to the viral infection and include viral pneumonia, bleeding problems and infection of the brain (encephalitis).

Infants born to mothers who are infected with chickenpox during the first or second trimester can develop congenital varicella syndrome, a rare disorder causing abnormalities at birth. Infants born to mothers who are infected with chickenpox

shortly before or after delivery can develop neonatal varicella, a severe illness of chickenpox in newborns.

Tests and Diagnosis

There are several laboratory tests that health care providers can use to diagnose chickenpox. However, the diagnosis can usually be made based on the appearance of the rash and symptoms.

Treatments

Acyclovir, an antiviral medicine, is used to treat chickenpox. Acyclovir can help shorten the length and severity of the illness, but, to be effective, it must be started as soon as possible after the rash appears. Thus, people who think they or their children might have chickenpox should call their health care provider as soon as possible to discuss treatment options.

Non-aspirin medications, such as acetaminophen, may help relieve the pain caused by chickenpox. Wet compresses, calamine lotion and colloidal oatmeal baths may help relieve some of the itching.

Prevention

The best way to prevent chickenpox is to get two doses of the chickenpox vaccine. Most people who get the vaccine will not get chickenpox.

Disease Patterns

Before the varicella vaccine was introduced, each year in the United States, 4 million people became ill with chickenpox, more than 10,000 people were hospitalized, and more than 100 people died. The disease followed yearly cycles, peaking each year in the spring.

Since the vaccine was introduced, chickenpox illness in the United States has decreased by more than 80 percent. Chickenpox illnesses have also decreased in Pennsylvania. Today, there are approximately 800 cases of chickenpox each year and more than 60 percent are among children ages 0 to 9 years old. Most chickenpox outbreaks in Pennsylvania today happen in elementary schools.

Additional Information

CDC: http://www.cdc.gov/chickenpox/index.html
American Academy of Pediatrics: https://www.healthychildren.org/English/health-issues/vaccine-preventable-diseases/Pages/Varicella-ChickenPox.aspx

This fact sheet provides general information. Please contact your physician for specific clinical information.

Last reviewed/updated: August 2, 2016

HOJA DE DATOS SOBRE LA VARICELA

Información general

La varicela es una enfermedad de la niñez que causa sarpullido en forma de ampollas, picazón y fiebre. La varicela es causada por el virus de la varicela zóster (VZV). El VZV también puede causar culebrilla.

Signos y síntomas

Los síntomas de la varicela incluyen un molesto sarpullido en forma de ampollas, picazón intensa, fiebre alta, deshidratación y dolor de cabeza. El sarpullido aparece primero en el rostro, el pecho y la espalda, pero puede esparcirse por todo el cuerpo, incluidos los párpados, el interior de la boca y la zona genital. Habitualmente se encuentran entre 250 y 500 ampollas pruriginosas.

En niños que no han recibido la vacuna, los síntomas de la varicela generalmente duran entre cinco y siete días. La enfermedad en niños vacunados es menos frecuente. Sin embargo, si ocurre, los síntomas generalmente son leves y solo duran unos días.

Causas y transmisión

La varicela es altamente contagiosa y se pasa de persona a persona mediante el contacto directo o a través del aire. Una persona con varicela es contagiosa uno o dos días antes de que aparezca el sarpullido y sigue contagiando hasta que todas las ampollas han formado costras. Lleva de 10 a 21 días después del contacto con una persona infectada para que alguien desarrolle varicela.

Factores de riesgo

Antes de la vacuna de la varicela, la mayoría de los casos de varicela ocurrían en niños menores a 15 años. Ahora, el factor de riesgo más importante para desarrollar varicela es no estar vacunado.

Ciertos grupos de personas tienen más probabilidades de padecer complicaciones graves de la varicela, incluidos:

- Bebés
- Adolescentes
- Adultos
- Mujeres embarazadas
- Personas con sistemas inmunológicos débiles, ya sea por otras enfermedades o por medicamentos como esteroides por largo plazo.

Complicaciones

Si bien la mayoría de los niños se recuperan de la varicela sin ninguna complicación, pueden ocurrir infecciones bacterianas secundarias graves. Estas pueden ocurrir en muchos lugares del cuerpo, incluida la piel, los tejidos debajo de la piel, los huesos, los pulmones (neumonía), las articulaciones y la sangre. Otras complicaciones graves se deben directamente a la infección viral e incluyen neumonía viral, problemas de sangrado e infecciones en el cerebro (encefalitis).

Los bebés nacidos de madres infectadas con varicela durante el primer o segundo trimestre pueden desarrollar el síndrome de varicela congénita, un trastorno poco frecuente que causa anormalidades en el nacimiento. Los bebés nacidos de madres infectadas con varicela pueden desarrollar varicela neonatal poco tiempo antes o después del parto, una enfermedad grave de varicela en recién nacidos.

Pruebas y diagnóstico

Existen diversas pruebas de laboratorio que los proveedores de atención médica pueden usar para diagnosticar la varicela; sin embargo, el diagnóstico habitualmente puede hacerse en base a la apariencia del sarpullido y los síntomas.

Tratamientos

Se utiliza Aciclovir, un medicamento antiviral, como tratamiento para la varicela. El Aciclovir puede ayudar a acortar la duración y a disminuir la gravedad de la enfermedad, pero, para ser eficaz, debe comenzarse tan pronto como sea posible después de que aparece el sarpullido. Por eso, las personas que consideran que ellos o sus hijos pueden tener varicela deberían comunicarse con su proveedor de atención médica tan pronto como sea posible para analizar las opciones de tratamiento.

Los medicamentos sin aspirina, como el acetaminofén, pueden ayudar a aliviar el dolor causado por la varicela. Las compresas húmedas, la loción de calamina y los baños de avena coloidal pueden ayudar a aliviar un poco la picazón.

Prevención

La mejor manera de prevenir la varicela es obtener dos dosis de la vacuna de la varicela. La mayoría de las personas que se vacunan no tendrán varicela.

Patrones de enfermedad

Antes de que se desarrollara la vacuna de la varicela, cada año en los Estados Unidos, 4 millones de personas se enfermaban de varicela, más de 10.000 personas eran hospitalizadas, y más de 100 fallecían. La enfermedad seguía ciclos anuales, y alcanzaba su pico en la primavera.

Desde la presentación de la vacuna, la enfermedad de la varicela ha disminuido en más de un 80% en los Estados Unidos. La enfermedad de la varicela también ha disminuido en Pennsylvania. En la actualidad, hay alrededor de 800 casos de varicela cada año y más del 60% de los casos son niños de entre 0 y 9 años. La mayoría de los brotes de varicela que ocurren hoy en Pennsylvania suceden en escuelas primarias.

Información adicional

Centros para el Control y Prevención de Enfermedades (CDC):
http://www.cdc.gov/chickenpox/index.html
Academia Estadounidense de Pediatría (AAP):
https://www.healthychildren.org/English/health-issues/vaccine-preventable-diseases/Pages/Varicella-ChickenPox.aspx

Esta hoja de datos brinda información general. Póngase en contacto con su médico para obtener información clínica específica.

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