Chickenpox is the most contagious of the common childhood diseases. It is caused by the varicella-zoster virus. The organism goes into hiding following a bout of chickenpox attaching itself to various nerves throughout the body. Some people experience reactivation of the virus later in life resulting in the medical condition called herpes zoster, most commonly referred to as shingles.

**HOW CAN YOU TELL IF YOUR CHILD HAS CHICKENPOX?**
Your child will develop chickenpox 10 to 21 days after being exposed to another child with the disease. The virus is spread by airborne droplets or by direct contact with the chickenpox lesions. The disease usually begins like most viral illnesses with fever, irritability, runny nose and loss of appetite. On the second or third day, the characteristic rash appears, consisting of small, red bumps appearing in "crops" on various parts of the body, spreading from the trunk to the arms, legs and face. These pimples progress quite rapidly in an orderly fashion through a series of stages from thin-walled water blisters, then cloudy blisters or open sores, and finally to dry, brown crusts. A new "crop" usually breaks out every day for five days. Some children have just a few blisters, while others have between 200 to 400!

**WHAT WILL BE THE COURSE OF CHICKENPOX IN MY CHILD?**
Children start to feel better once they stop getting new vesicles, or in four to six days. Chickenpox rarely leaves any permanent scars unless the lesions become infected or a child repeatedly picks off the scabs. However, normal chickenpox can leave temporary marks on the skin that take 6 - 12 months to fade.

**WHEN IS MY CHILD NO LONGER CONTAGIOUS?**
Children with chickenpox are contagious until all the sores have crusted over, usually about seven days after the rash begins. Parents can count on their school-aged child missing about seven - ten days of classes. Children do not have to stay home until all the scabs fall off, since this may take up to two weeks. Youngsters with active chickenpox can go outside as long as they feel okay. Playing with their friends who have had the disease is fine. Isolating the child with chickenpox from other children in the family is not necessary. Since the child is contagious 24 to 48 hours prior to the onset of the rash, exposure to others has already occurred before the diagnosis is apparent. Adults who have not had chickenpox are best left with minimal exposure to the child.
WHEN SHOULD I WORRY ABOUT MY CHILD'S CHICKENPOX?
If your child is difficult to wake up or seems confused, has trouble walking, has a stiff neck, has trouble breathing or is acting very sick, call your doctor. Children exposed to chickenpox who have a depressed immune system from a serious medical disease, such as leukemia, should receive additional protection in the form of a special immune globulin shot. A number of children suffer severe, life-threatening complications and even death each year from varicella infections. One of the most common and potentially severe complications is bacterial superinfection. This happens when the child vigorously scratches the lesions and the skin becomes infected. It's important to treat the itching caused by this disease and immediately contact your child's pediatrician if the skin appears infected.

HOW TO HELP YOUR CHILD "SURVIVE" THE CHICKENPOX
Chickenpox must be left to run its course and the goal of treatment is to make your child feel as comfortable as possible, especially from the outrageous itch produced by the skin lesions. Here are a few suggestions to help get your child through a bout of chickenpox.

- **Itching:** The best treatment for itching is cool baking soda or colloidal oatmeal (Aveeno®, NutraSoothe®) baths every three hours. Trim your child's nails to prevent damage from scratching. For babies you may want to cover their hands with cotton socks. Try an over-the-counter antihistamine such as diphenhydramine (Benadryl®). Call your doctor's office for the correct dose to give your child.

- **Fever:** The best treatment for fever and irritability is acetaminophen (Tylenol®, Tempra®, Panadol®, etc.) given in the proper dose for your child's age. It's really not necessary to treat the fever unless it's bothering the child. Never give aspirin! The combination of chickenpox and aspirin has been linked to a rare but life threatening condition called Reye syndrome.

- **Mouth sores:** Use saltwater gargle to soothe itching or soreness in the mouth (discontinue use if gargling causes pain). Hurricane gel®, an over-the-counter ointment, can be applied to the chickenpox in the mouth to lessen pain.

- **Future treatments:** Acyclovir, a drug used to treat other viral infections, has recently been shown to reduce the number of chickenpox lesions. The drug works best when given within 24 hours of the onset. More research has to be done in children before it will become standard treatment. The high cost of the drug at this time also prohibits its routine use.

WHY THE CHICKENPOX VACCINE IS IMPORTANT
All of this, of course, can be avoided by giving your child the safe and effective varicella vaccine. While up to 30 percent of vaccinated children may still experience a mild varicella infection, this vaccine is 90 to 95 percent effective against chickenpox. The vaccine is recommended for routine use by the American Academy of Pediatrics.

Some parents feel that as a disease chickenpox is not serious enough to warrant prevention. "I had chickenpox as a child and it wasn't so bad," is a frequent comment heard in pediatrician's offices. Besides the health risks of chickenpox, there are important indirect costs related to caring for a child with the disease. Children miss an average of six - seven days of school when they have chickenpox and caregivers miss four - five days of work to care for their sick youngster with varicella.

Furthermore, the vaccine prevents potential reactivation later in life as shingles. Some parents are worried that the immunity will wear off and the child will be susceptible to chickenpox as an adult. The good news here is that in the 10+ years this vaccine has been studied, there is no evidence of waning immunity over time.