

Guideline for exposure to and management of Chicken Pox or Herpes Zoster (shingles) in post bone marrow transplant patients

Vesicular rash

Patients who have had an allogeneic bone marrow transplant and who have stopped Aciclovir should be advised they have a 15-20% chance of reactivation of latent Varicella virus, thus causing Shingles.

If this occurs they should be advised to contact the bone marrow transplant specialist nurses or the Oxford Triage Unit for advice.

Generally, these patients can be managed as an outpatient and if a patient calls as they think they have shingles, should be offered the following advice:

1. Patient should see their GP, for assessment and prescription of: Aciclovir 800mg 5x a day, Valaciclovir 1g tds, or Famciclovir 500g tds for 1 week if shingles is confirmed. If the GP considers the patient has chicken pox, urgent clinical assessment and admission should be arranged (see below).
2. Treatment of shingles or chicken pox should be followed by a prophylaxis of Aciclovir 200mg TDS for 1 year
3. The patient should also be advised of the pain associated with Shingles and be prescribed sufficient analgesia, which should be monitored by their GP.
4. If patient is due an outpatient appointment, they should be advised not to attend and to re book their appointment when the vesicles have fully dried up

If the patient is unwell and they require admission or have chicken pox, the admission should be to the John Warin ward (JWW SpR bleep 5885 extension 27303) or to an isolation room on another ward. Patients with chicken pox should be admitted for IV Aciclovir.

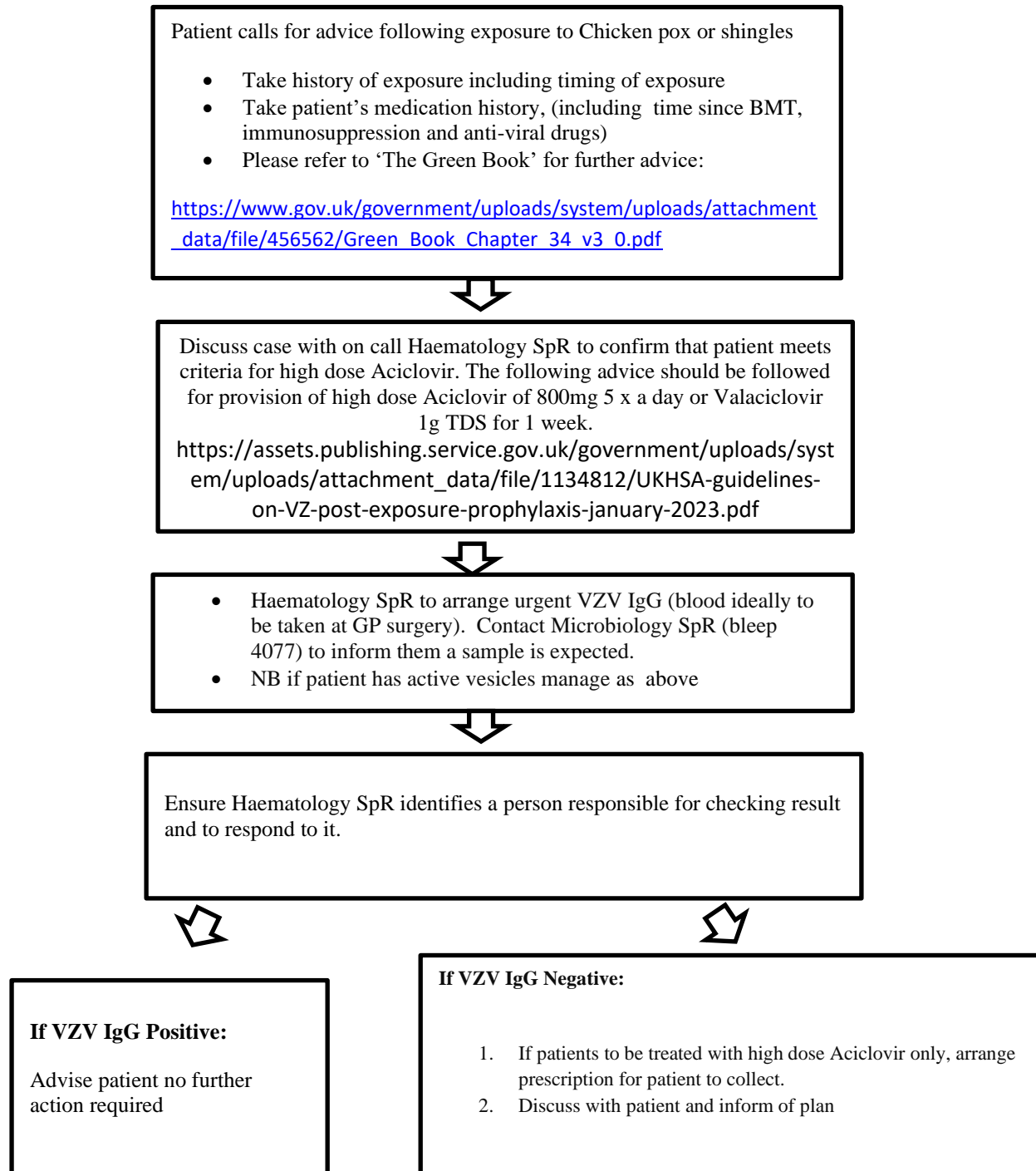
Consider hospital admission for:

1. Multifocal zoster
2. Systemically unwell, presence of headaches
3. Ophthalmic zoster

Admission should be avoided to the Haematology Ward, Day Treatment Unit or Triage Unit.

Pathway for Management of Post BMT Patient Exposure to VZV

If patients have been off immunosuppression for 2 years or more, post allogeneic transplantation, additional treatment is not generally required. Therefore there is no need to follow this pathway. Patients should, however, be reminded to look for the development of vesicles and seek further medical advice if concerned.



Audit

These processes are subject to the OxBMT audit programme.

Authors

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Circulation

NSSG Haematology Website

Review

Name	Revision	Date	Version	Review date
Lara Rowley, BMT Specialist Nurse	New Document	Sept 2014	1.0	Sept 2016
Daja Barton, BMT Specialist Nurse	Minor amendments	Feb 2017	2.0	Feb 2019
Lara Rowley BMT Specialist Nurse	Addition of new guidelines for HD Aciclovir when VZIG unavailable.	July 2019	2.1	July 2021
Daja Barton, BMT Specialist Nurse	No changes	April 2022	2.2	April 2024
Kirsten Rendall, BMT Specialist Nurse	Updated URL for PEP for Varicella and Shingles	June 2023	2.3	June 2025