

PERINATALLY ACQUIRED VARICELLA

Introduction

- in maternal infection (onset of rash) **within 5 days before and 2 days after delivery** 17-30% infants develop neonatal varicella with lesions appearing at 5-10 days of life.
- **mortality is high (20%-50%)**. Cause of death is due to severe pulmonary disease or widespread necrotic lesions of viscera.
- when maternal varicella occurs 5-21 days before delivery, lesions typically appear in the first 4 days of life and prognosis is good with no associated mortality. The mild course is probably due to the production and transplacental passage of maternal antibodies that modify the course of illness in new-borns.
- infants born to mothers who develop varicella between 7 days antenatally and 14 days postnatally should receive
 - 125 μ Zoster immunoglobulin (ZIG) as soon as possible. If vesicles develop to give
 - acyclovir 20 mg/kg over 1 hour every 8hrly (total 60mg /kg/day) for 7 days.
 - if Zoster immunoglobulin *is not available*
give IV Immunoglobulin 400 mg/kg (this is less effective) *and*
acyclovir 20 mg/kg over 1 hour every 8hrly (total 60mg /kg/day) for 7 days.
- women with varicella at time of delivery should be isolated from their newborns, breast-feeding is contraindicated. Mother should express breast milk in the mean time and commence breast-feeding when all the lesions have crusted.
- neonates with varicella lesions should be isolated from other infants but not from their mothers.
- infants whose mothers develop Zoster before or after delivery have maternal antibodies and they will not need ZIG.