

PATIENT INFORMATION · PAEDIATRICS

Chickenpox in children

easing the itch and knowing what to watch

Chickenpox is a common childhood illness caused by the varicella virus. Most children are miserable and itchy for about a week and then recover completely. The main jobs at home are keeping your child comfortable, keeping them from scratching, and keeping them away from people it could seriously harm.

Seek medical help urgently if your child

- has spots that become **red, hot, swollen and painful**, or the skin around them is spreading red — this suggests a bacterial infection;
- is **breathing fast, coughing badly or complaining of chest pain**;
- becomes **drowsy, difficult to wake, confused or unsteady** on their feet;
- has a **fit or seizure**, a stiff neck, or a severe headache;
- is **not drinking**, has far fewer wet nappies, or the spots are bleeding into the skin;
- is a **newborn baby**, or has a **weakened immune system** or is on steroids or chemotherapy.

Most chickenpox needs no medical treatment at all. These signs are uncommon, but they are the ones worth knowing. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Do not give ibuprofen for chickenpox

Ibuprofen and other anti-inflammatory medicines are linked to a higher risk of serious skin and soft-tissue infection when given during chickenpox. **Use paracetamol only**, at the dose on the packet. Never give aspirin to a child under 16. Check the labels of any cold or cough remedies, which often contain ibuprofen.

How it develops

Before the rash

Spots to blisters

Crusting over

a day or two of temperature, headache, aching and being off food

small spots that blister within a day, in crops over several days

blisters dry and scab, usually about five days after the rash starts

The rash often begins on the face, scalp, chest or back and spreads outwards. Some children have only a handful of spots, others have hundreds — the number does not indicate how serious the illness is. New crops appearing while older ones are crusting is entirely normal.

Easing the itch

- **Keep fingernails short and clean.** For babies and young children, cotton mittens or socks over the hands at night reduce scratching.
- **Cooling gels or calamine lotion** soothe the spots. A pharmacist can advise.
- **An antihistamine** may help a child over one year old who cannot sleep for itching. Ask your pharmacist which is suitable.
- **Cool baths and loose cotton clothing.** Overheating makes itching worse. Pat dry rather than rubbing.
- **Bath daily and change clothes and bedding regularly** to reduce the risk of the spots becoming infected.
- **Let scabs fall off by themselves.** Picked spots are the ones that scar and become infected.
- **Plenty of fluids.** Sugar-free ice lollies help if there are painful spots in the mouth. Avoid salty or acidic foods.

School, nursery and staying away from others

Chickenpox spreads through coughs and sneezes and by contact with the fluid in the blisters. Your child is infectious from about two days before the rash appears until **every blister has crusted over** — usually around five days after the rash starts.

Keep your child off nursery or school until all the spots have crusted. During that time, keep them away from **pregnant women, newborn babies, and anyone with a weakened immune system**. Avoid flying, and avoid public places where you cannot control who your child is near.

If a pregnant woman has been in contact with your child, she should contact her GP or midwife straight away — the same day. Chickenpox in pregnancy can cause serious problems for both mother and baby, particularly early in pregnancy or around the time of delivery, and there is treatment that works best when started promptly. The same applies to a newborn baby or anyone on immunosuppressive treatment who has been exposed.

The chickenpox vaccine

Since 1 January 2026, protection against chickenpox has been part of the routine NHS childhood immunisation programme in England, given as the combined MMRV vaccine alongside measles, mumps and rubella.

- Children born on or after 1 January 2025 are offered **two doses — at 12 months and at 18 months**.
- A **catch-up dose** is being offered from November 2026 to children born between 1 January 2020 and 31 August 2022 who have not had chickenpox or the vaccine.
- A child who has already had chickenpox has natural immunity and does not usually need the varicella component, though they still need their MMR doses.

Eligibility depends on your child's date of birth, so ask us or your GP practice if you are unsure where your child stands.

Afterwards

Most spots heal without a mark. A few can leave small pale scars, usually the ones that were scratched or became infected. The virus stays dormant in the body afterwards and can reappear many years later as shingles — that is normal and not a sign that anything went wrong.

Seen today, not next week

Same-day appointments most days, seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London

97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**

info@mhwclinic.co.uk

Open 7 days, 9am–7pm

Paediatrics · towerbridgehospital.co.uk

In an emergency

Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency

Call NHS 111 or visit 111.nhs.uk.

Also able to advise

Your own GP · Your local pharmacist

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This leaflet is based on current NHS, NICE and UKHSA guidance on chickenpox and on the childhood immunisation schedule introduced in January 2026. It is general information and does not replace advice from a clinician who has examined your child. If your child's condition changes or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.

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