I152  VARICELLA: AN OVERVIEW FOR THE RHEUMATOLOGIST

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Chickenpox and shingles can be more severe and occasionally life threatening in immunosuppressed patients. As such, some groups warrant a more detailed history, serological testing and consideration of prophylaxis following contact with the virus. Active disease may also require more aggressive treatment with antivirals. Guidance for the use of varicella zoster immunoglobulin has recently been updated by Public Health England with important implications for rheumatology patients. The varicella and zoster vaccines are both live and therefore pose a small risk of vaccine strain disease in immunosuppressed patients. Identifying which patients to vaccinate and when poses a challenge for the rheumatologist.

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