

Acyclovir in Chickenpox

The availability of an effective anti-viral drug, along with intensive marketing can easily sway sentiments in favor of using acyclovir "liberally". In such a setting, the recent publication on this subject(1) is timely.

The American Academy of Pediatrics Committee on Infectious Diseases has made specific recommendations on the use of acyclovir in treatment of chickenpox in healthy subjects (2). Therapy with oral acyclovir is not recommended routinely for treatment of uncomplicated varicella in the otherwise healthy child. This recommendation is based on the marginal therapeutic effect, cost of drug, difficulty in initiating the drug in the first 24 hours of illness, and potential unforeseen dangers in treating large number of children who are at low risk of developing complications". "The relative indications include increased risk of moderate to severe varicella, such as in those older than 12 years, those receiving chronic salicylate therapy, and persons receiving short or intermittent courses of corticosteroids, or aerosol corticosteroids".

There is also the unanswered question about lasting immunity, comparable to that of natural infection, following

acyclovir therapy(3).

In a developing country that can ill-afford an expensive treatment regimen, more stress needs to be given to the procurement of varicella vaccine, which, in the long term, would be more cost effective. Unfortunately the vaccine is exceedingly fragile and there are transport and storage problems, especially in a developing country. Even so mass vaccination is the only effective means of eradicating the disease and its complications.

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REFERENCES

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3. Asano Y, Yoshikawa T, Suga S, Kobayashi I, Nakashima T, Yazaki T, *et al.* Post-exposure prophylaxis of varicella in family contact by oral acyclovir. *Pediatrics* 1993, 92: 219-222.