**LETTER TO PARENTS AND STAFF MEMBERS**

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| **About letters to parents and staff members:*** Do not send a letter unless the diagnosis has been confirmed by a doctor.
* Do not send a letter without the CLSC nurse’s approval.
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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School or daycare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject: Shingles**

Dear parents and staff members,

A case of shingles has been reported at the school or daycare. Shingles usually develops in people who have had chickenpox several years or even decades earlier. It’s rare in children.

Shingles causes fluid-filled blisters on one side of the body and is sometimes painful.

Shingles itself is not contagious, although the infected person can spread the chickenpox virus through direct contact with a shingles blister. The blisters are contagious until they crust over, about a week after the onset of symptoms.

People who are taking medications (cortisone, cancer treatments, immunosuppressants) or who have a disease that weakens their immune system (leukemia, HIV) are at greater risk of complications. A pregnant woman who has never had chickenpox or been vaccinated for it should see a doctor after coming into contact with an infected person. We suggest these people contact their doctor right away for advice about preventive treatment.

People who come into contact with shingles are considered protected if they have had chickenpox before or been vaccinated for it. Unprotected people should consult their CLSC to ask if they should get the vaccine.

If your child catches chickenpox, please let the school or daycare know.

Depending on their condition, people with shingles or chickenpox can continue to attend school or daycare.

Thank you for your cooperation.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (block letters)

Tel. no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_