

VARICELLA

Chickenpox Outbreak Management March 2015

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What should school staff do when a possible case of varicella (chickenpox) is brought to their attention?

The identification of a single case of varicella should trigger intervention measures because this case could lead to an outbreak. Varicella outbreaks have been documented in highly vaccinated populations and vaccinated persons acted as the index case in several outbreaks. Because one case of chickenpox in a school represents the potential for an outbreak, the Chelan-Douglas Health District should be notified whenever chickenpox occurs in a school environment.

1. Referral to a licensed health care provider is recommended. During an outbreak, lab confirmation of varicella is recommended for one or more cases (regardless of the patients' vaccination status), especially at the beginning of the outbreak. Advise parent/guardian to inform their licensed health care provider's (HCP) office staff of the presence of a rash illness so that appropriate medical isolation during the visit can be arranged.
2. Notify classmates' parent/guardian of the presence of chickenpox in the class (or at the school) as appropriate.
3. Any time a case of chickenpox occurs in a school, inform students and staff with certain high-risk conditions (anemia, immunodeficiencies, and pregnancy) of the increased risks of acquiring the infection. Refer them to their HCP for guidance. Individual student health plans for high-risk students should include planning for exclusion, in consultation with the students HCP, as a way to avoid contact with specific infections.
4. Inform the parents/guardian that the children with chickenpox should not receive aspirin because of its possible association with Reye Syndrome.
5. Maintain and support confidentiality for the student.

Control of Spread

1. Screen for school vaccine entry requirement.
2. Utilize standard precautions.
3. Refer to district infection control program protocols and policy for infectious diseases.
4. Exclude students with chickenpox from school until all lesions have crusted.
5. Parents of children without evidence of varicella immunity should be advised to have their child vaccinated with the appropriate dose or, if vaccination is contraindicated or refused, exclude the child from school up to 21 days after the last case is identified.

OSPI Infectious Disease Control Guide for School Staff

<http://www.k12.wa.us/healthservices/pubdocs/InfectiousDiseaseControlGuide.pdf>

Post-exposure treatment for those who are unimmunized or under-immunized.

People who are unimmunized (no shots, no documentation of immunity) or under-immunized (one shot) should call their health care provider (HCP) and arrange to receive the chickenpox vaccine after exposure. ***Vaccination within 72 hours of exposure is 70-100% protective.*** Post-exposure vaccination is not effective for prevention if given more than 5 days after exposure, but will provide protection against future exposures if they were not infected.

Symptoms: Adults may have 1 to 2 days of fever and malaise prior to rash onset, but in children the rash is often the first sign of disease.

Excluded people vaccinated within 5 days of their last exposure may return to school immediately, but will need to be on a symptom watch for 21 days following exposure and stay away from the school if symptoms develop.

Why does a child need a chickenpox vaccination or proof of immunity during an outbreak if the vaccination is not required for their grade?

Because CDC says evidence of immunity (up-to-date vaccination or medical evidence of immunity) is required to prevent exclusion during an outbreak. Any child with a vaccination status that is not up-to-date according to CDC, or without medical documentation of immunity, will be recommended for exclusion until they are either vaccinated [if it is timely-see post-exposure treatment, above] or testing by varicella antibody titer shows immunity, or until 21 days after the last case of chickenpox is identified.

Is it safe for a person to get a chickenpox vaccination if they think they have had chickenpox, but illness was never confirmed by a healthcare provider?

A varicella antibody titer (blood test) is available to check immunity, but is not required before vaccination. Since 70% to 90% of adults who don't remember having chickenpox actually show immunity when their blood is tested, testing adults who don't have a HCP verified history of chickenpox may be cost saving. If testing is not available, it is still safe for a person that previously had chickenpox to receive the vaccine.

What precautions should be taken if there is a chickenpox outbreak and there are pregnant staff members or students?

Someone who is pregnant and unsure whether she is immune to chickenpox should talk to her HCP, who can order lab testing to determine her immunity status. If not immune she will need to discuss with her HCP how she can best protect herself and her baby.

Post-exposure treatment for people at high risk for complications.

In December 2012, the Federal Drug Administration approved VariZIG for use as a post-exposure prophylaxis for chickenpox in persons at high risk for severe disease who lack evidence of immunity to chickenpox and for whom chickenpox vaccine is contraindicated. It is approved for use as soon as possible following varicella zoster virus exposure, ideally within 96 hours for greatest effectiveness, but within 10 days is acceptable.

When is a varicella outbreak considered over?

An outbreak is considered to be over when no new cases have occurred for two incubation periods following the last identified case. For chickenpox, two incubations periods is 42 days, so any new case within 42 is considered to be part of the same outbreak. A new case after 42 days may be the first case of a new outbreak.

Washington State Dept. of Health School Immunization Schedules

[2014-2015 Requirements](#)
[2015-2016 Requirements](#)

Varicella Requirements:

2014-15 School Year: Grades K-6: 2 doses or health care provider verification of past illness.

2015-16 School Year: Grades K-8: 2 doses or health care provider verification of past illness

2016-17 School Year: All grades: 2 doses or health care provider verification of past illness



Adolescent female with varicella lesions in various stages

Links