



# Guidance for Mitigation of Chickenpox (Varicella) in Shelters Settings

## **Background**

Chickenpox is a highly contagious disease caused by the varicella zoster virus. In areas where chickenpox vaccination is not available, the illness is common in childhood and usually mild, but can cause severe disease especially among adults and other high-risk groups. Because of how easily this disease can spread, adults and children living in congregate residential settings may be at higher risk of catching chickenpox. There are safe and effective vaccines that help protect against chickenpox that have been available in the United States since 1995.

## **Chickenpox Clinical Features and Transmission**

### **What symptoms are associated with chickenpox?**

The classic symptom of chickenpox is a rash that turns into itchy, fluid-filled blisters that eventually turn into scabs. The rash may first show up on the chest, back, and face, and then spreads over the entire body. Other symptoms may include fever, tiredness, loss of appetite, and headache. Chickenpox illness usually lasts about 4 to 7 days. Some people who have been vaccinated against chickenpox can still get the disease. However, they usually have milder symptoms with fewer or no blisters and are sick for a shorter period of time in comparison to people who are not vaccinated.

### **How is chickenpox spread?**

Chickenpox easily spreads through close contact with someone with chickenpox or shingles by touching or breathing in virus particles from the rash. People can spread chickenpox to others 1 to 2 days before the rash appears and until all blisters have formed scabs. Please reach out to your CDPH shelter settings team contact and/or shelter healthcare provider for case specific recommendations for discontinuation of isolation.

### **How long does it take from exposure to onset of symptoms?**

It takes about 2 weeks (but can be anywhere from 10-21 days) after exposure to a person with chickenpox for someone to develop symptoms.

### **What are the complications of chickenpox and who is at highest risk?**

Chickenpox is usually mild in children but can be serious in high-risk groups such as babies, older children, adults, pregnant women, and people with compromised immune systems. Complications of chickenpox include, skin and soft tissue infections, dehydration, pneumonia, encephalitis, and birth defects in unborn babies.

## **Immediate Next Steps for Case Treatment and Monitoring**

### **Upon the identification of symptoms consistent with chickenpox:**

1. Move the guest to a separate room where they will not have contact with others and notify medical providers regarding clinical symptoms immediately. If a separate isolation space is not available, the facility should prioritize cohorting sick guests together with others who have like-symptoms and physically separate them from those who remain asymptomatic, to the best of their ability.
2. The medical provider should conduct a physical exam and confirm the diagnosis of chickenpox with a PCR test. Depending on symptom severity and patient risk factors, they may prescribe an antiviral medication as treatment.
3. Notify your CDPH shelter-settings team regarding the probable/confirmed case of chickenpox immediately for guidance. This should be done immediately and not delayed until test results confirm infection.
4. Conduct a close contact investigation and refer all identified close contacts that do not have evidence of immunity to chickenpox to a healthcare provider (more details below).
5. All staff who must come into contact with the case or their belongings should follow airborne precautions, wear a mask, gown, and gloves, and perform hand hygiene before and after contact has occurred. Properly dispose of PPE in a closed bag upon exiting the room. Where possible, staff with proof of immunity (see below) should be responsible for interactions with the case.
6. Monitor guests for rash and promptly isolate symptomatic individuals, notify CDPH, and refer for evaluation.

Isolation of a probable or confirmed case of chickenpox should take place for five days following the onset of rash, or until the rash is completely scabbed over, whichever is later. For cases with mild symptoms whose lesions never crust, isolation should last for five days after onset or until no new lesions have appeared for 24 hours. If keeping the guest in a single occupancy room is not possible, please reach out to the CDPH shelter-settings team contact for case specific isolation recommendations.

## **Identification and Management of Close Contacts to the Case of Chickenpox**

Contact tracing within the shelter should take place after the identification of a guest with chickenpox in order to determine the extent of exposure and who may require post exposure prophylaxis. The shelter should provide a list of close contacts to CDPH on request, including which contacts have been referred to a healthcare provider.

### **1) Identify close contacts:**

Close contacts are defined as those experiencing prolonged close indoor contact or face-to-face contact while the case was infectious (2 days prior rash onset through the day the rash completely scabs over). In shelter settings, close contacts would include:

- Family members
- Roommates (for guests living in private/semi-private rooms)
- Guests residing in beds adjacent to the case (for guests living in large, open rooms)
- Other guests with prolonged face-to-face contact (e.g., children's playmates, regular dining companions)

## **2) Assess vaccination status:**

All close contacts should be assessed for documentation of age-appropriate vaccination. The shelter should refer contacts who are unvaccinated, under vaccinated, or lack documentation of their vaccine status to a healthcare provider to assess their immune status. Age-appropriate varicella vaccination consists of:

- Preschool-age children (i.e., age 12 months through 3 years): one dose
- School-age children, adolescents, and adults: two doses
- Adults born in the US before 1980: no vaccination required, immunity is assumed (does not apply to healthcare personnel, pregnant women, and immunocompromised people).

For close contacts without documentation of vaccination, the healthcare provider should assess for other evidence of immunity to chickenpox, including any of the following:

- Laboratory evidence of immunity or laboratory confirmation of disease
- Documentation of a diagnosis or verification of a history of chickenpox or shingles by a healthcare provider

## **3) Refer for post-exposure prophylaxis (PEP)**

Close contacts without documentation of vaccination should be referred to a healthcare provider as soon as possible for an assessment of immunity and preventative medication (PEP) as appropriate. Children 4 years and older and adults with one dose of vaccine should be brought up-to-date with a second dose. The most common form of PEP is vaccination, which can help prevent chickenpox or make it less serious if given within 5 days of exposure. For contacts who cannot be vaccinated (pregnant women, immunocompromised individuals), an alternative form of PEP is available (VariZIG), which should be given as soon as possible and within 10 days of exposure.

## **4) Monitor for symptoms of chickenpox**

All close contacts should be monitored for signs and symptoms of chickenpox for 21 days after their final exposure. Close contacts who received VariZIG should be monitored for 28 days, as it may delay onset. Promptly isolate symptomatic individuals, notify CDPH, and refer for evaluation.

## **Contact Information when Responding to a Case of Chickenpox**

After the identification of a probable/confirmed case of chickenpox, notify your CDPH contact, LCO/Community Medical Provider, and internal administration immediately. Below is a list of contacts:

<b>Organization</b>	<b>Email</b>	
<b>CDPH Vaccine-Preventable Disease Surveillance</b>	Vaccine Preventable Disease Reporting Line 312-743-9000	
<b>CDPH Community Congregate Settings Team</b>	Disease Reporting Link: <a href="https://redcap.link/specpopreport">https://redcap.link/specpopreport</a>	Contact Us: <a href="mailto:specialpops@cityofchicago.org">specialpops@cityofchicago.org</a>
<b>LCO</b>	Lawndale Christian Health Center <a href="mailto:sheltercare@lawndale.org">sheltercare@lawndale.org</a>	Heartland Alliance Health <a href="mailto:sheltercare@heartlandalliance.org">sheltercare@heartlandalliance.org</a>
	Belmont Cragin Refugee Health 773-395-9050	

More information on chickenpox can be found here: <https://www.cdc.gov/chickenpox>