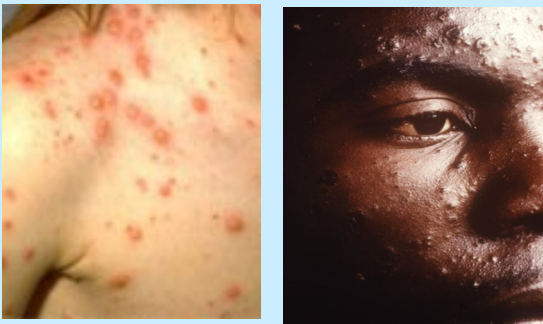


Varicella (Chickenpox) Clinical Guidelines

Chickenpox is a highly contagious febrile rash illness caused by primary infection with varicella-zoster virus (VZV)

Confirmed Case:

An acute illness with maculo-papulovesicular rash and epidemiologic link to another confirmed case or laboratory confirmation. Unvaccinated person with 200-400 lesions.



Photos: Centers for Disease Control & Prevention

Probable Case:

An acute illness with maculo-papulovesicular rash and **lack of** epidemiologic link to another confirmed or probable case or **lack of** laboratory confirmation.

Breakthrough Case:

Vaccinated cases that are milder, less contagious, have lower fever and fewer lesions (<50). Lesions are often maculopapular instead of vesicular. Atypical appearance often leads to misdiagnosis. Consider laboratory confirmation given atypical appearance.



Photo: Centers for Disease Control & Prevention

OR

Contact the health department if you identify any case of chicken pox

SPECIMEN COLLECTION

PCR—PREFERRED TESTING METHOD

- Also called *Probe Amplification Target or Nucleic Acid Amplification Test (NAAT)*
- Sensitivity and Specificity is very high

For more information about collecting specimens go to: <https://www.cdc.gov/chickenpox/>

AND

REPORT TO THE HEALTH DEPARTMENT

Complete the : [CDPH Case Report Forms](#)

Fax Form To: (312) - 746-6388

Questions: (312) - 746-9867

Suspect Cases should be reported within 24hrs

Do not wait for laboratory confirmation

Sign up for electronic reporting through the Illinois National Electronic Disease & Surveillance System (I-NEDSS)

<http://portalhome.dph.illinois.gov/>

HERPES ZOSTER VIRUS (SHINGLES):


Characterized by vesicular lesions in one dermatome. Many labs automatically report + VZV PCRs to the health department. Talk to your lab about filtering out shingles results so they are not reported to CDPH.



Shingles is not a reportable disease.

Photo: Centers for Disease Control & Prevention





CDC GUIDELINES: HOW TO SAMPLE SUSPECTED VARICELLA LESIONS

| Method | GUIDELINES FOR COLLECTION | PROCESSING/STORAGE |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Polyester Swab Method  | <ul style="list-style-type: none"> • Un-roof the top of the vesicle with sterile needle • Use sterile swab to collect epithelial cells and vesicular fluid from the base of the lesion. • Do not use a cotton swab | <ul style="list-style-type: none"> • Place swabs individually directly into tubes • Dry specimens should be stored at ambient temperature • Dry specimens should not be frozen or refrigerated |
| Glass Slide Method | <ul style="list-style-type: none"> • Rake the edge of the slide over the lesion with vigor • Use a sterile swab to collect material on the slide and to scrub the abraded lesion | <ul style="list-style-type: none"> • Insert the swab into a tube and close it • Dry maculopapular lesion material is stable for several weeks at ambient temperature |
| Collecting Crusts | <ul style="list-style-type: none"> • Lift crust off of skin | <ul style="list-style-type: none"> • Place crust into break-resistant snap cap or screw top tube |

VARICELLA TESTING TIPS

Serology (whole blood) - IgM and IgG detects viral antibodies and can only be used to classify a case as 'probable'. Test results can be false negative. This method is not recommended.

- Specimens should be collected within 5 days of rash onset
- Get samples from 2 lesions (Swabs must be placed individually in separate tubes to avoid contamination)
- Send to commercial lab immediately

| Lab | Processing/Storage | Client Services |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| ACL | <ul style="list-style-type: none"> ◆ Use Skin Swabs, Crust or Scrapings to collect from vesicular lesion ◆ Use eSwab Collection Kit or Universal Transport Medium (UTM) (as shown on right)  ◆ Use the ACL Supply Form to order UTM or eSwab collection kits ◆ Keep refrigerated up to 72 hours ◆ ACL VZV Specimen Requirements | (800) 877-7016 |
| ARUP | <ul style="list-style-type: none"> ◆ Use Fluid, Swab, Crust or Skin Scrapings ◆ Use Universal Transport Medium (UTM) (as shown on right)  ◆ Use the Arup Supply Form to order UTM tubes ◆ Keep Refrigerated up to 48 hours, ambient unacceptable ◆ Arup Lab VZV Specimen Requirements | (800) 522-2787 |
| LabCorp | <ul style="list-style-type: none"> ◆ Use Vesicular fluid, Crust or Scrapings ◆ Use Universal Transport Medium (UTM) (as shown on right)  ◆ Indicate Exact Specimen source on the requisition form ◆ Keep refrigerated to 14 days ◆ LabCorp VZV Specimen Requirements | (888) 522-2677 |
| Quest Diagnostics | <ul style="list-style-type: none"> ◆ Use Swab or Crust to collect fluid and cells from vesicular lesion ◆ Use Viral Transport Medium (as shown on right)  ◆ Use Quest Connect to order supplies ◆ Keep cold up to 72 hours ◆ Quest Diagnostics VZV Specimen Requirements | (866) 697-8378 |