

Health Advisory: Test for Varicella (Chickenpox)

Minnesota Department of Health Wed Dec 7 11:00 CDT 2016

Action Steps:

Local and tribal health department: Please forward to hospitals, clinics, urgent care, and convenience clinics in your jurisdiction.

Hospital and clinics: Please distribute to health care professionals

Health care providers:

- Test for varicella (chickenpox) via PCR, even when clinical diagnosis seems sufficient
- Submit specimens to MDH for testing per the Minnesota communicable disease reporting rule
- Report all suspected cases of varicella to MDH **and** include a rash description
- Counsel patients to remain at home until PCR results are back or until rash has resolved

Background

Clinical diagnosis of varicella is challenging. The classic varicella rash is not as common and breakthrough disease in vaccinated individuals may lack the characteristic vesicular stage. Additionally, changes in the epidemiology of hand, foot, and mouth disease (HFMD) in the U.S. have complicated clinical diagnosis. HFMD outbreaks are common in child care and schools, and novel strains (particularly Coxsackievirus A6) can resemble atypical or breakthrough varicella disease, which has led to inconsistent exclusion recommendations.

Laboratory Testing

Laboratory testing for varicella is needed to provide accurate guidance and post-exposure prophylaxis (PEP). MDH is now requesting that specimens from lesions be submitted to the MDH public health laboratory for PCR. PCR is the recommended test for varicella; it is rapid, sensitive, and specific.

The communicable disease reporting rule requires submission of clinical materials for suspected or confirmed varicella cases. A laboratory fact sheet with further guidance is posted on [Varicella Information for Health Professionals \(www.health.state.mn.us/divs/idepc/diseases/varicella/hcp/index.html\)](http://www.health.state.mn.us/divs/idepc/diseases/varicella/hcp/index.html).

Reporting Varicella

Call MDH at 1-877-676-5414 or fill out the [Varicella Reporting Form \(www.health.state.mn.us/divs/idepc/dtopics/reportable/forms/varicellaform.html\)](http://www.health.state.mn.us/divs/idepc/dtopics/reportable/forms/varicellaform.html).

Exclusion and PEP Recommendations

Exclusion and PEP recommendations for varicella and HFMD differ significantly. Children diagnosed with varicella must stay home until the rash has resolved; in some cases a week or more. Those with HFMD may return to school and child care once fever has been absent for 24 hours. Non-immune pregnant women and immunocompromised individuals who are exposed to varicella are candidates for varicella immune globulin. PEP of exposed contacts is not recommended for HFMD.

Immunity Documentation

Positive PCR results, including those reported to MDH by reference labs, will be entered into MIIC as documentation of history of disease.

Questions: Please call the Minnesota Department of Health at 1-877-676-5414.

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