Chickenpox and Shingles: School Reporting and Disease Control Recommendations

Surveillance

The incidence of chickenpox has changed over the last 15 years with the introduction of chickenpox vaccine and new immunization recommendations and requirements. The Minnesota Department of Health (MDH) implemented chickenpox and shingles surveillance in the fall of 2005 pursuant to the Minnesota Communicable Disease Reporting Rule, (Chapter 4605).

Reporting

Schools are to report to MDH:

▪ All suspect or confirmed cases of chickenpox in students and/or staff.
▪ All suspect or confirmed cases of shingles that occur in students.

Use the Chickenpox and Shingles Report Form for Minnesota Schools (www.health.state.mn.us/divs/idepc/diseases/varicella/school/schoolreporting.html) to report each case.

Prevention and control in schools

▪ Exclude students or staff with chickenpox from school until all lesions have crusted. This is usually four to seven days (typically six days) after the rash began.
▪ Chickenpox occurring in vaccinated persons (called “breakthrough infection”) is usually mild but is still considered infectious. Vesicles (lesions containing clear fluid) may not be present, and the rash may not crust. Such cases should be excluded until all lesions have faded or no new lesions have occurred within a 24-hour period, whichever is later. Lesions do not need to be completely gone.
▪ Notify parents of the occurrence of a case. Call MDH if you would like guidance on the extent of notification (e.g., classroom(s) vs. school wide), or if you would like a template letter.
▪ Pregnant women and persons with a weakened immune system are at high risk of severe disease, and should be advised to contact their health care provider.

Chickenpox outbreaks

An outbreak of chickenpox is defined as:

▪ Five or more cases within a two-month period in persons less than 13 years of age, or
▪ Three or more cases within a two-month period in persons 13 years of age and older.

Steps to take when a school outbreak of chickenpox occurs:

1. Call MDH to report the beginning of an outbreak at 651-201-5414 or 1-877-676-5414.
2. Monitor for additional cases and report each case to MDH using the Chickenpox and Shingles Case Report Form for Minnesota Schools.
3. Notify and inform parents and school staff that a chickenpox outbreak is occurring, and provide them information about chickenpox.
   ▪ Template letters are available by calling MDH.
   ▪ We also have fact sheets available in English, Spanish, and Somali on the
4. **Recommend** the following:
   - Two doses of chickenpox vaccine for individuals who have no history of chickenpox disease and are unvaccinated.
   - A second dose of chickenpox vaccine for individuals who have received only one dose of vaccine, provided the appropriate interval has passed since the first dose (i.e., three months for children aged 4-12 years and four weeks for persons 13 years and older).

5. **Identify and notify** immunocompromised and pregnant women because they are at high risk for complications. High-risk persons should contact their health care provider to determine if vaccination, immune-status testing, post-exposure prophylaxis, or school exclusion is indicated.

### The role of the health care provider in an outbreak

The local medical community should be notified if a varicella outbreak is occurring, particularly if an outbreak notification is disseminated broadly. MDH and your local public health department can facilitate this communication. This allows providers to prepare for possible increased calls from patients. MDH can assist with contacting health care providers.

Health care provider evaluation and diagnosis are not required for reporting a suspected case to MDH. However, health care providers may want their patients (or parents) to contact them if they develop chickenpox.

### Laboratory confirmation during an outbreak

MDH recommends that outbreaks be confirmed by laboratory testing of one or more cases. Because many cases are not seen by a health care provider, MDH will provide kits for schools to distribute to interested parents for home collection of specimens (loose crusts or scabs). Testing at MDH is provided at no charge during outbreaks, and documentation of positive results can be used as evidence of immunity to varicella in the future.

### Exclusion or symptom watch of unvaccinated students during outbreaks

The national Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) recommend that during school-based outbreaks of varicella, individuals who lack evidence of immunity and are not up-to-date on vaccination (i.e., two doses) be excluded from school (Prevention of Varicella, Recommendations of the Advisory Committee on Immunization Practices MMWR June 22, 2007 / 56(RR04);1-40).

School exclusion of susceptible individuals may be indicated in certain situations. Symptom watch is another option. Please consult with MDH staff when an outbreak is identified in your school.

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*To obtain this information in a different format, call: 651-201-5414.*