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, even if they have not been diagnosed by a health care provider.

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 blisters have crusted, generally four to seven days after the rash began.
▪ Chickenpox occurring in vaccinated persons (called “breakthrough infection”) is usually mild, but is still considered infectious. Blisters may not be present, and the rash may not crust. Such cases should be excluded until all lesions have faded and no new lesions have occurred within a 24-hour period. Lesions do not need to be completely gone.
▪ Parents should be notified if their child is exposed to a case of chickenpox. Call MDH for guidance on the extent of notification and 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 in an elementary school.
▪ Three or more cases within a two-month period in persons in a middle or high school.

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 at Chickenpox (Varicella) (www.health.state.mn.us/divs/idepc/diseases/varicella/chknpxfacts.html).
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. This allows providers to prepare for possible increased calls from patients. MDH or your local public health department can assist with contacting health care providers.

Laboratory confirmation during an outbreak

Chickenpox can be difficult to distinguish between other rash illnesses, such as hand, foot, and mouth disease. For this reason, 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 and documentation of positive results can be used as evidence of immunity to chickenpox in the future.

Exclusion or symptom watch of unvaccinated students during outbreaks

MDH will generally recommend symptom watch of susceptible individuals during chickenpox outbreaks, but in certain situations, exclusion of susceptible individuals may be necessary. Please consult with MDH staff when an outbreak is identified in your school.

Minnesota Department of Health
Vaccine Preventable Disease Section
PO Box 64975
St. Paul, MN 55164-0975
651-201-5414
www.health.state.mn.us/immunize

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