**CHLA HOSPITAL POLICY AND PROCEDURE MANUA**L

**Algorithm for Management of Varicella Exposure**

**ORIGINAL DATE:** 11/06

**REVISED DATE**: 10/20

**POLICY NUMBER: IC -** 303.2 **CHAPTER:** Infection Control

**APPROVED BY:** Hospital Infection Control Committee

Identify Index Case

**Confirmed**

* Isolation of VZV from a clinical specimen
* Detection of VZV DNA by PCR tests from a clinical specimen, ideally scabs, vesicular fluid, or cells from the base of a lesion
* Fourfold or greater rise in serum varicella IgG antibody titer

**Probable**

Index of suspicion is high:

* Acute onset of diffuse maculopapular/vesicular rash without other apparent cause
* No history of Varicella vaccination or prior Varicella infection
* Possible exposure to VZV patient in the past 3 weeks

No Action

No

|  |  |
| --- | --- |
| Is the index Case Infectious?  Infectious Period  A) Two days before onset of rash until lesions are crusted over  Does the case require  exposure follow-up?   1. Disseminated lesions 2. Localized lesions on >2 dermatomes 3. Localized lesions in an |  |
|  |
|  |
|  |
| immunocompromised patient |

|  |  |
| --- | --- |
| **Identify Exposed Contacts** |  |
| Students, visitors)  Note: exposure to VZV is defined as prolonged contact (>5 mins) in |
|  |
| adjacent rooms or waiting rooms if index patient not isolated properly |

(patients, employees/

* **Notify Infection Control Ext 15510 (**during normal business hours). After hours/holidays/weekends contact ID physician on call and leave a message on the IC voicemail
* Begin collecting names of exposed contacts
* After hours contact LACDPH to report case (213) 240-7941

Yes

|  |  |
| --- | --- |
|  |  |
| Determine who among the exposed is **susceptible**: (Not immunized against VZV, no history of VZV disease, immunocompromised patients) |
|  |

Patients

* If immunocompromised: Administer Varicella-Zoster Immune Gloublin within 3-5 days post-exposure but up to 10 days post exposure.

No

No Action

Yes

All patients:

Monitor for symptoms and isolate in Airborne Precautions from day

8-21 after exposure. If patient received VariZIG or IGIV day 8-28 after exposure

Appropriate work restrictions if active disease

CHLA Team Members

●Off work for incubation period,

8-21 days following exposure

Employee contacts EHS for clearance to return to work

No

No Action

Yes

Limit or restrict hospital visitation for incubation period

Visitors

No

No Action

Yes

**IC - 303.2 Varicella Flowchart**

**Algorithm for Management of Varicella Exposure**

1. **Identify Index Case:**
   * **Confirmed:**
     + If VZV is isolated from a clinical specimen, then confirm varicella.
     + If VZV DNA is detected by PCR tests from a clinical specimen (ideally scabs, vesicular fluid, or cells from the base of a lesion), then confirm varicella.
     + If there is a fourfold or greater rise in serum varicella IgG antibody titer, then confirm varicella.
   * **Probable:**
     + If there is a high index of suspicion characterized by:
       - Acute onset of diffuse maculopapular/vesicular rash without other apparent cause,
       - No history of varicella vaccination or prior varicella infection,
       - Possible exposure to a VZV patient in the past 3 weeks,
     + Then consider varicella probable.
2. **Is the Index Case Infectious?**
   * If the index case is within the infectious period (two days before the onset of rash until lesions are crusted over), then the case is infectious.
3. **Does the Case Require Exposure Follow-up?**
   * If there are disseminated lesions, localized lesions on >2 dermatomes, or localized lesions in an immunocompromised patient, then follow up on exposure.
4. **Identify Exposed Contacts:**
   * If contacts include patients, employees, students, or visitors, then identify who among them is susceptible.
   * If contacts are not immunized against VZV, have no history of VZV disease, or are immunocompromised, then consider them susceptible.
5. **Actions for Susceptible Contacts:**
   * If immunocompromised, then administer Varicella-Zoster Immune Globulin (VariZIG) within 3-5 days post-exposure, but up to 10 days post-exposure.
   * If susceptible, then monitor for symptoms and isolate in Airborne Precautions from day 8-21 after exposure. If patient received VariZIG or IGIV, then isolate from day 8-28 after exposure.
   * If active disease is present, then impose appropriate work restrictions.
6. **CHLA Team Members:**
   * If exposed, then remain off work for the incubation period (8-21 days).
   * If returning to work, then employee contacts EHS for clearance.
7. **Visitors:**
   * If exposed, then limit or restrict hospital visitation for the incubation period.
8. **Notifications:**
   * If a varicella case is identified, then notify Infection Control at Ext 15510 during normal business hours.
   * If after hours/holidays/weekends, then contact ID physician on call and leave a message on the IC voicemail.
   * If a varicella case is identified, then begin collecting names of exposed contacts.
   * If after hours, then contact LACDPH to report the case at (213) 240-7941.