



## **Guidelines for Chickenpox Prevention and Control in School and Childcare Settings**

### **Background**

The varicella zoster virus (VZV) causes chickenpox (varicella), a vaccine preventable, generalized rash illness. VZV can also cause shingles (herpes zoster), a localized rash in a person who has already had chickenpox. People who have never had chickenpox can develop chickenpox after being exposed to a person with chickenpox or shingles. A person is considered to have immunity to chickenpox if he or she has had the disease or received the varicella (chickenpox) vaccine.

One dose of vaccine is not fully protective in all people and immunity induced by a single dose of varicella vaccine has been shown to wane over time. As of June 2006, it has been recommended that all persons who have only been vaccinated once receive a second dose of varicella vaccine. As of 2016-2017, 2 doses of varicella are required for enrollment in Connecticut schools for most grades (only 1 dose is required for grade 6, but 2 doses are still recommended for adequate protection).

### **Management of Symptomatic Persons:**

#### ***Disease Notification***

Chickenpox is a reportable condition in Connecticut. Schools are required to report all cases of chickenpox that they are aware of to the Connecticut Department of Public Health (CTDPH) Immunization Program. Cases should be reported using the [Varicella Case Report Form](#).

Completed case report forms should be faxed directly to the Immunization Program at 860-509-7945. Cases of shingles are not reportable; questions about the control and management of shingles cases may be directed to the Immunization Program at 860-509-7929.

#### ***Exclusion of Symptomatic Children***

Children and staff with chickenpox should be excluded from school or childcare. Individuals with uncomplicated chickenpox may return to school or childcare once their rash has scabbed. This may take several days in mild cases or several weeks in severe cases and in immunocompromised individuals. Immunocompromised children or those with a prolonged course should be excluded for the duration of the vesicular eruption. Some vaccinated children may develop mild “breakthrough varicella”—these children must still be excluded.

Immunocompetent persons with shingles can remain at school as long as the lesions can be completely covered. Persons with shingles should be careful about personal hygiene, wash their hands after touching their lesions and also avoid close contact with others.

Please see the “[Guidelines for Healthcare Personnel in Evaluating Chickenpox-like Rash in Recipients of Varicella Vaccine in Daycare and School Settings](#)” for additional information about evaluating chickenpox-like rash illnesses.



## Management of Exposed Persons:

For control purposes, a person is deemed exposed if they have spent at least 4 hours in the vicinity (e.g. classroom, cafeteria) of an infected person. This does not mean, however, that there is no risk for persons with less exposure to an infected individual.

An outbreak of varicella is defined as 3 or more cases of chickenpox in one facility within a three-week period. The number of varicella outbreaks in Connecticut has drastically decreased since the recommendation for 2 doses of varicella vaccine, from 20-40 outbreaks per year to less than 5 outbreaks per year. Implementing appropriate control measures can further reduce the risk of chickenpox transmission in school and childcare settings.

### ***Disease Notification***

An [exposure letter](#) should be distributed to all exposed immunocompromised and/or unvaccinated children and staff upon recognition of a single case of chickenpox. An exposure letter does not need to be sent if all exposed children and staff have documented immunity to varicella.

An [outbreak letter](#) should be distributed to all students and staff, regardless of vaccination status, upon recognition of an outbreak of varicella.

### ***Exclusion of Exposed Persons***

The following recommendations should be implemented **during varicella outbreaks**:

1. Exclude susceptible immunocompromised persons:
  - a. An immunocompromised person may return to school or daycare as per written directions from their physician.
  - b. Unvaccinated women who are pregnant
2. Exclude all non-compliant (unvaccinated) children required to have chickenpox (varicella) immunity according to regulations.
3. Exclude exposed children with signed medical or religious exemptions, and infants <1 year or >1 year but not yet vaccinated from day 8 of initial exposure until 21 days after the last case.

Unvaccinated individuals may return immediately upon receiving 1 dose of varicella-containing vaccine. ***There are no specific public health recommendations for exclusion in non-outbreak settings, however, these control measures may be considered in consultation with the school or child care program medical advisor.***

**Additional information about VZV and forms referenced in this document can be found on the CTDPH website: <http://www.ct.gov/dph/immunizations>**