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PUBLIC HEALTH ADVISORY

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Subject: **Varicella Testing and Reporting Recommendations**
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VARICELLA TESTING AND REPORTING RECOMMENDATIONS

Maine CDC is seeing a rise in the number of reported cases of varicella (chickenpox). Varicella is a notifiable condition in Maine, and all confirmed or suspect cases of varicella should be reported to Maine CDC.

The number of reported cases of varicella decreased in 2020, likely due to reduced person-to-person transmission because of COVID-19 restrictions. Since January 1, 2021, Maine has identified 46 cases of varicella from all 16 counties (data as of 07/29/2021), including two outbreaks in child care facilities.

CONSIDER VARICELLA WHEN EVALUATING FEBRILE RASH ILLNESS

Consider chickenpox as a diagnosis for anyone with clinically compatible illness, regardless of vaccination history. The classic rash is:

- Generalized and pruritic (itchy),
- Progresses rapidly from macules to papules to vesicular lesions before crusting,
- Usually appears first on the head, chest, and back, then spreads to the rest of the body,
- Usually most concentrated on the chest and back.

Varicella may [look different](#) depending on the patient, their vaccination history, and their complexion.

Breakthrough varicella in vaccinated individuals can occur but is substantially less severe and is of shorter duration. The number of skin lesions is commonly less than 50, vesicular lesions are less common, and lesions are most often papules that do not progress to vesicles. Vaccinated persons with breakthrough varicella typically have a lower incidence of fever.

TESTING FOR VARICELLA

Laboratory confirmation is increasingly important in the diagnosis of varicella, especially in child care or school settings where children may need to be excluded to prevent further spread. For both unvaccinated and vaccinated persons, polymerase chain reaction (PCR) of skin lesions (vesicles, scabs, maculopapular lesions) is the preferred and most reliable method for confirming infection. PCR testing can be performed at some commercial laboratories and at Maine's Health and Environmental Testing Laboratory. Serology tests are not recommended as positive results may indicate immunity from vaccination rather than active infection.

MANAGEMENT

Patients with suspect or confirmed varicella should stay home and avoid close contact with others **for 5 days AND until all lesions have crusted over or, in immunized people without crusts, until no new lesions appear within a 24-hour period.**

Patients also should avoid contact with those who have an active shingles infection as the virus can be transmitted to others and cause varicella. A shingles rash should be well covered until vesiculated lesions are dry or crusted to avoid risk of transmission.

VACCINATION

Encourage varicella vaccination for anyone without evidence of immunity who does not have medical contraindications. Starting September 1, 2021, all students enrolled in child care facilities and grades PreK through 12 are to be immunized against diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, and varicella. It is important to remind patients that **acquiring varicella immunity through vaccination is much safer, more effective, and longer lasting than natural immunity.**

- ➔ **For routine vaccination**, the Advisory Committee on Immunization Practices [recommends](#) two doses of varicella vaccine should be given to children at 12-15 months and at 4-6 years.
- ➔ **For catch-up vaccination**, children between 7-18 years without evidence of immunity should receive two doses of varicella vaccine. The recommended minimum interval between doses is 3 months for children ages 7 through 12 and 4 weeks for persons age 13 and older.

EXCLUSION CRITERIA

Children who are not vaccinated do not need to be excluded from school/ activities when there are one or two varicella cases within the facility. If there are 3 or more cases of varicella within a 21-day period, unvaccinated children will need to be excluded. Students *with varicella disease* still need to be excluded from any social, academic, and employment activities until rash has crusted, or in immunized people without crusts, until no new lesions appear for 24 hours.

REPORTING

All providers, including Health Care Providers, Medical Laboratories, Health Care Facilities, Child Care Facility administrators or owners, and Educational Institutions administrators, should report all confirmed and suspect cases **within 48 hours of diagnosis or laboratory test result**. If a patient presents at an Emergency Department or urgent care or if a diagnosis is made via telemedicine, the patient's provider should still report the diagnosis to Maine CDC.

➔ Disease reports can be made by electronic laboratory report, phone, or fax 24 hours a day, 7 days a week. Phone: 1-800-821-5821 Fax: 1-800-293-7534.

Other Useful Resources:

- Maine CDC's website www.maine.gov/dhhs/varicella
- Federal CDC's website <https://www.cdc.gov/chickenpox/index.html>
- For information about varicella vaccine or vaccine schedules, please contact the Maine Immunization Program at www.immunizeme.org or by calling 1-800-867-4775.
- Maine Immunization requirements:
<https://www.maine.gov/doe/sites/maine.gov.doe/files/inline-files/ME%20Immunization%20Requirements%20for%20Schools%20%2810%29.pdf>
- This resource from federal CDC may help identify breakthrough varicella compared to other common rashes: <https://www.cdc.gov/chickenpox/downloads/Breakthrough-Varicella-fact-sheet-508.pdf>
- Information about specimen collection is provided on federal CDC's website, including a helpful [video: https://www.cdc.gov/chickenpox/lab-testing/collecting-specimens.html#genotyping](https://www.cdc.gov/chickenpox/lab-testing/collecting-specimens.html#genotyping)

Maine CDC epidemiologists are available to answer any questions about varicella diagnosis or management through the 24/7 disease reporting line at 1-800-821-5821.