

EXPOSURE TO VARICELLA

Information for Managers

- **Summary for Immediate action:**
 - **Begin the process for contact and airborne isolation if the patient has an infectious Varicella infection and the use of gloves, gowns, a fitted N-95 mask and a negative pressure room.**
 - **Infectious Varicella can be :**
 - **Primary Varicella Infection with a generalized rash (Chicken pox)**
 - **Disseminated Herpes Zoster (shingles) involving more than one nerve root distribution.**
 - **Herpes Zoster (shingles) involving a single nerve root distribution if the patient is immunosuppressed**
 - **Notify your Infection Control Practitioner (ICP) if you have a patient who is newly diagnosed with an infectious form of Varicella**
 - **Compile a list of names, social security numbers, and phone numbers of faculty/staff who had at least five minutes of direct face to face contact with this patient without wearing a mask. The ICP will provide coordination and consultation to guide the identification process.**
 - **The Occupational Health Clinic (OHC) will review the immunity status of Faculty/staff who are on the exposure list**
 - **Faculty/Staff who have documented immunity may continue to work as usual.**
 - **Staff who are non immune or whose status is unknown must be evaluated by the Occupational Health Clinic immediately. Faculty/staff that continue to have an unknown immunity status or are determined to be non immune will be furloughed from day 8 through day 21.**

Frequently Asked Questions

- **What is varicella and how is it spread?**

Varicella zoster is chickenpox--a viral illness characterized by a sudden onset of a slight fever and mild symptoms such as runny nose and cough, and a generalized, itchy, raised red rash. It is caused by the varicella-zoster virus. A variety of complications can occur, including bacterial infections, pneumonia, encephalitis, and meningitis.

The virus persists in a latent (hidden) form after the primary infection; reactivation results in herpes zoster ("shingles").

The virus is highly contagious. Persons are infected when the virus comes in contact with the mucosa of the upper respiratory tract or the eyes. Person-to-person transmission occurs by direct contact by way of airborne spread of secretions from the respiratory tract of chickenpox cases and rarely from the vesicle fluid of zoster lesions. Direct contact is defined as at least five minutes of direct face to face contact without wearing a mask

Frequently Asked Questions

- **What is considered to be an exposure to varicella?**

Patients are considered Infectious with varicella if any one of the following conditions is met.

By the airborne route

- Primary Varicella Infection with a generalized rash (chicken pox)
- Disseminated Herpes Zoster (shingles) defined as involvement of more than one nerve root distribution.
- Herpes Zoster (shingles) in an immunosuppressed patient

By the contact route

- Direct skin to skin contact with the vesicles of any infected person

A person is considered to be exposed to varicella if he/she does not have a mask on and has contact with a person with varicella for at least five minutes at a time when the person with varicella is unmasked. Patients with chickenpox are most contagious for 1 to 2 days before and shortly after the onset of the rash, but contagiousness may persist until all the lesions have crusted (approximately 5 days).

- **What should I do if a staff member is exposed?**

If a staff member is exposed to someone with varicella (chickenpox) and is immune, he/she does not need to alter any activities. He/she should not develop chickenpox and cannot spread the disease to others.

If a staff member is exposed to someone with chickenpox and is not immune, he/she may develop chickenpox and be contagious to others. The incubation period (the time between exposure to infection and the appearance of the first symptom) is 10-21 days, generally 12-14 days after exposure. Since a person is contagious to others for up to two days before the characteristic rash appears, he/she should be isolated for 8-21 days after the exposure.

- **How will I know if a staff member is immune?**

Vanderbilt University Medical Center has a policy that requires all faculty/staff members to have blood drawn to determine varicella immunity status at the time of the initial immunization and screening visit. A staff member may contact the VOHC (Vanderbilt Occupational Health Clinic, Room 640 Medical Arts Building, phone 936-0955) to access the result. Staff members and their managers are notified only when the test result shows no immunity.

- **What if an exposure occurs at work?**

In the event of an exposure within the Medical Center, Infection Control will notify the VOHC of the faculty/staff members who have been exposed. The Infection Control Practitioner will assist the manager to develop a list of the full names, social security numbers, and, in some instances, phone numbers of all exposed personnel; you (the manager) may be asked to provide or confirm this information for the ICP. The VOHC will determine each faculty/staff member's immunity status by accessing results from a computer database and from medical records if necessary. If the faculty/staff member is immune, no further action will be taken. If the faculty/staff member is not immune, that person and the person's manager will be notified that the non-immune person must

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remain off work (administrative leave) from days 8-21 following the exposure. If the disease has not begun at the end of 21 days, the faculty/staff member may return to work.

If the disease begins during the incubation period, the person should contact the VOHC and Risk Management. At this point, you (the manager) should forward a Tennessee First Report of Work Injury to the Office of Risk Management (Room 610 Oxford House, phone 936-0660).

If VOHC does not have a record of a staff member's immunity status, he/she will be required to have blood drawn as soon as possible to determine immunity status (a prior history of chickenpox is not sufficient proof of immunity in this situation). You (the manager) will be notified of this need also. If the immunity result is not available prior to the first day of the incubation period, Infection Control will be consulted and a decision will be made of whether or not the staff member may be permitted to work pending the lab results.

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