



Chickenpox Information for School Health Personnel

Introduction

Chickenpox is a highly contagious disease caused by the varicella zoster virus (VZV). It is often a mild illness, but may be severe in infants, pregnant women, adults, and individuals with weakened immune systems.

Mode of Transmission

Chickenpox is spread by direct contact with secretions from a pox of an infected individual, or by respiratory secretions released into the air from sneezing or coughing. Shingles, a painful skin rash caused by the same virus (VZV) can cause chickenpox in someone who has never had chickenpox or the varicella vaccine if there is direct contact to the blister rash. Therefore, shingles lesions should remain covered to reduce risk of exposure.

Length of Infectiousness

Infected persons are contagious up to 2 days before the rash appears and until all the pox have formed scabs. Usually 5-6 days from the time the pox appeared. People with weakened immune systems may require more time for their pox to scab over.

Treatment

Chickenpox is typically a self-limited illness that can be managed with over-the-counter analgesics and topical itch relief lotions. In severe cases, complications such as bacterial skin infections and pneumonia can occur.

Prevention

Vaccination is the best means of protecting yourself and others in the community; two doses of varicella vaccine are up to 98% effective at preventing disease. This is especially important for people who cannot get vaccinated, such as those with weakened immune systems or pregnant women.

Immunity

For most people, getting chickenpox once or receiving two doses of varicella vaccine provides immunity for life. Some people who are vaccinated against chickenpox or who have had the disease in the past may still get chickenpox if exposed; however, in these rare situations, it is usually a more mild illness with fewer pox or blisters and little or no fever.

When to report to Clark County Public Health:

Report any confirmed (provider diagnosed) cases of chickenpox to CCPH by completing and faxing the **Chickenpox Reporting Form** to the Communicable Disease Program at **564.397.8080**.

Confirmed case:

- A case that is laboratory confirmed
- a case with a documented diagnosis of chickenpox by a medical provider in the patient's medical record

Incubation Period

10-21 days

Symptoms:

- Itchy rash
- Fever
- Fatigue
- Fluid-filled blisters/pox (varies from a few to hundreds of pox)

Duration of Illness

Usually 5-7 days

Diagnosis

Chickenpox is diagnosed by a healthcare provider's assessment of the symptoms and the characteristic appearance of the rash. Occasionally a healthcare provider will use laboratory tests if the diagnosis is unclear or the illness is severe.



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We recommend schools have policies and procedures in place to:

- Managing staff, student, and volunteer immunity records. Evidence of chickenpox immunity includes:
 - Birth before 1980
 - Documentation of age-appropriate varicella vaccination
 - Documentation of prior provider diagnosed varicella disease
 - Documentation of serology (IgG) showing immunity to varicella
- Excluding staff and students with confirmed chickenpox.
- Implementing a staff and parent notification system following an exposure.
- Tracking the number of student and staff absences due to similar symptoms or cause.

What to do when you have a SINGLE case of chickenpox in your school:

- Exclude staff or students with confirmed (provider diagnosed) chickenpox and those with chickenpox symptoms until each pox has dried to a hard scab.
- If a confirmed case attended school during their infectious period, distribute a notification letter and fact sheet to potentially exposed persons (e.g. classroom, grade level, whole school). A fact sheet and letter templates are available at <https://www.clark.wa.gov/public-health/schools-child-day-cares>.
 - If you have questions regarding appropriate audiences for distribution of letters and FAQ's, please call CCPH at 564.397.8182.
- Identify anyone at high risk for severe disease (i.e. immunocompromised persons or pregnant women) who may have been exposed. Advise these individuals to consult with their health care provider.
- Begin conducting surveillance for additional cases until at least 21 days after last exposure at the school, and report each new confirmed or suspect case to CCPH using the Chickenpox Reporting Form (link: <https://www.clark.wa.gov/public-health/schools-child-day-cares>).
- Reinforce to students, families, and staff the importance of obtaining evidence of immunity to varicella to reduce the risk of illness and absence due to chickenpox.

For shingles: Students/staff with diagnosed shingles are permitted to attend school as long as lesions can remain covered. If lesions cannot be covered, students/staff should be excluded until lesions are scabbed over.

What to do when you have a chickenpox OUTBREAK in your school:

Generally, a chickenpox outbreak is defined as 5 or more confirmed cases in a common setting. To be included as part of an outbreak, a case's onset date must be no more than 42 days after the last potential exposure to the last case. CCPH's Communicable Disease Team will help determine when outbreak response is indicated and work directly with your school to provide guidance on additional control measures.

- Be prepared to expand parent/staff notification and facility wide exclusion of potentially exposed individuals at the facility who cannot provide evidence of immunity. The exclusion period is typically 21 days from last potential exposure or until proof of immunity is provided.

After cases or outbreaks occur:

- Evaluate your school's response.
- Develop action plans to address any identified areas of concern regarding school's readiness and response.
- Don't hesitate to use CCPH as a resource to review outbreak response or support training needs.