

# Varicella Zoster Virus (VZV) Reporting Tip Sheet

*Tips were provided by Joel Blostein, 517-335-9567.*

## **Tip 1: Chickenpox is the only form of VZV required for reporting**

- MDCH BOL and other laboratories are now reporting VZV testing results into the MDSS, some of which are manifest in the patient as Shingles
- There are currently three options for reporting VZV in the MDSS
  - Chickenpox, Shingles & VZV Unspecified
    - Note: VZV Unspecified should only be used if the disease manifestation cannot be determined.
- LHDs may choose to enter their own cases of shingles, and follow-up on those entered through the labs, but this is *not required by MDCH* once it is determined that the case is *NOT* Chickenpox.

## **Tip 2: Chickenpox cases are reportable as individual cases**

- Individual case reporting - rather than aggregate unnamed reporting - started in 2005.
- Individual cases should be reported to LHDs and entered to MDSS.

## **Tip 3: Please Use the .pdf Case Details Form**

- We request that the form be completed to the best of the LHDs ability.
- However at a minimum we request that the following information be entered:
  - Basic demographics, i.e. name, address, DOB, sex, race, etc...
  - The approximate number of lesions
    - Categories include <50, 50-249, 250-499, 500+
  - Varicella Immunization History

#### **Tip 4: Outbreaks of 5 or More Cases in a Setting**

- Information on these outbreaks should be forwarded to Joel Blostein either by e-mail or phone. If you don't have contact information you can contact your regional epidemiologist.
- Information that Joel requests includes:
  - Number of Cases
  - Dates of Onset for the first and last cases
  - Number of cases by age group
    - <1, 1-4, 5-9, 10-14, 15-19, ≥20
  - Number of cases by lesion category
    - <50, 50-249, 250-499, ≥500
  - Number of cases by Immunization Status
    - # with 1 dose, # with 2 doses, # unvaccinated
  - Any pertinent laboratory results.