

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

- Several laboratories are now reporting VZV testing results into the MDSS, some of which are manifest in the patient as Shingles
 - Lab testing is encouraged to confirm cases – PCR testing on lesion material is the recommended test
- 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 MDHHS* 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 detail 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: Reporting outbreaks

- The definition of a varicella outbreak or the number of cases that constitutes an outbreak has evolved over the past couple of decades since the inception of routine varicella vaccination in the US
 - CDC's varicella outbreak manual defines outbreaks as 5 or more cases (<http://www.cdc.gov/chickenpox/outbreaks/manual.html>, 2008)
 - Current thinking in Michigan is that 2 or more linked cases can be considered an outbreak
- Information on outbreaks of 5 or more cases should be forwarded to Joel Blostein either by e-mail or phone
 - Reporting of outbreaks consisting of fewer cases is also encouraged
 - Your regional epidemiologist can assist in outbreak reporting
- Information requested:
 - 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
- For additional information on conducting a varicella outbreak investigation, please see the document titled “MDHHS Vaccine-Preventable Disease Investigation Guidelines” at the MDHHS CD Information Resource Website under A-Z Diseases Varicella or the following link:
http://www.michigan.gov/documents/mdch/Varicella_388985_7.pdf

Legal Authority for Exclusion of Cases during Outbreaks

Regardless of what definition might be used for an outbreak, the LHD/Local Health Officer can exclude those lacking appropriate documentation of immunity. This authority is granted in the Public Health Code and more recently was explicitly stated in a recent revision of the MDHHS (formerly MDCH) administrative rules for communicable and related diseases. The rules are available at http://www7.dleg.state.mi.us/orr/Files/AdminCode/1472_2014-073CH_AdminCode.pdf

In particular, see section R 325.175 Procedures for physicians, local health officers, and schools for control of diseases and infections. Rule 5, part (4), which states,

(4) When a local health officer confirms or reasonably suspects that a student or individual attending school or a group program has a communicable disease, the health officer may, as a disease control measure, exclude from attendance any individuals lacking documentation of immunity or otherwise considered susceptible to the disease until such time as the health officer deems there to be no likely further risk of disease spread.