

Chickenpox (Varicella)

Investigation Checklist for Local Health Departments

Local health department staff should follow these steps, not necessarily in order, when investigating chickenpox reports. For more detailed information, refer to the chickenpox disease chapter which can be accessed at: <https://www.nj.gov/health/cd/topics/varicella.shtml>

- Verify diagnosis of chickenpox vs shingles/herpes zoster
 - Varicella Zoster Virus (VZV) causes both chickenpox and shingles
 - Lab testing does not distinguish between the two; clinical information is needed.
NOTE: “Varicella” is not an adequate final diagnosis as it can mean either chickenpox or shingles. If a provider states the diagnosis is “varicella”, further question if diagnosis is “chickenpox” or “shingles/herpes zoster”.
 - Document final diagnosis in Case Assessment tab in CDRSS
 - If the diagnosis is chickenpox, proceed with investigation
 - If the diagnosis is shingles/herpes zoster, refer to [shingles disease chapter](#)
- For all reported chickenpox cases, obtain necessary clinical and epidemiologic information from provider and/or case
 - Document illness onset date, risk factors, and signs/symptoms including **rash description** and **severity**.
 - Ask if rash is vesicular or maculopapular
 - Verify/document chickenpox (varicella) immunization status
- Identify exposed, susceptible, and high-risk contacts
 - Exposure period is 2 days prior to rash onset until all lesions have crusted (~5-6 days)
 - Susceptible contacts are those without [proof of immunity](#)
 - Consider recommending vaccination for susceptible, exposed individuals within 3-5 days of first exposure
 - Refer eligible high-risk contacts (e.g., pregnant women, newborns) to see their doctor for VariZIG, as outlined in the chickenpox disease chapter
 - Monitor exposed individuals for 21 days after last exposure
 - Follow up with contacts to ensure no additional cases
 - If case attends school/institutional setting during infectious period, consider notifying all those exposed
 - A [sample notification](#) letter is available
- Investigate and link ill close contact(s)
 - Create a case for ill contact(s)
 - Add ill contact(s) to Contact Tracing section in CDRSS
- Finalize CDRSS data entry, assign appropriate chickenpox [case classification](#), and LHD close case when investigation is complete:
 - Illness onset date
 - Demographics (including race/ethnicity and age)
 - Hospitalization status
 - Case Assessment questions (Final diagnosis, rash description (vesicular vs maculopapular), history of disease)
 - Signs/symptoms (including onset dates and **approx. number of lesions**)
 - Risk factors
 - Immunizations (specifically, varicella immunizations)
 - Close contacts/epi links (if any)