New Isolation and Quarantine Regulations: Varicella

TO: School Nurses

FROM: Anne Sheetz

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SUBJ: New Isolation and Quarantine Regulations: Varicella

Dr. Susan Lett has informed us that the following regulations regarding varicella were recently passed and include exclusion of susceptible students and staff from school. The exclusion is from the tenth to the 21st day after exposure.

Also attached are the reportable diseases, which include varicella. At some future date, a new reporting form for varicella will be available. I will send it to you when I receive it from the State Lab.

Disease	Minimum Period of Isolation of Patient	Minimum Period of Quarantine of Contacts
Varicella (chickenpox)	Until lesions have dried and crusted, or until no new lesions appear, usually by the fifth day.	Susceptible students or staff, who are not appropriately immunized or are without laboratory evidence of immunity or a reliable history of chickenpox, shall be excluded from school from the tenth through the 21st days after their last exposure. Neonates born to mothers with active varicella shall be isolated from susceptibles until 21 days of age. Health care workers shall be excluded from their occupations from the tenth through 21st days after their last exposure if they are susceptible. Anyone receiving varicella zoster immune globulin (VZIG) shall extend their exclusion to 28 days post exposure. Otherwise, no restrictions.

300.100: Diseases Reportable to Local Boards of Health

Cases or suspect cases of the diseases listed below shall be reported by household members, physicians and other health care providers as defined by M.G.L. c.111, § 1, laboratories and other officials designated by the Department, by telephone, in writing, by facsimile or other electronic means, as deemed acceptable by the Department, immediately, but in no case more than 24 hours after diagnosis or identification, to the board of health in the community where the case is diagnosed or suspect case is identified. When available, name, date of birth, age, sex, address, place of employment,, school and disease must be included for each report. The local board of health's responsibility, upon receipt of a report, is set forth in 105 CMR 300.110 and 300.160.

- Amebiasis
- Anthrax
- Arbovirus infection, including but not limited to, infection caused by dengue, Eastern equine encephalitis virus, West Nile virus and yellow fever virus
- Babesiosis
- Botulism
- Brucellosis
- Calicivirus infection, including but not limited to gastroenteritis caused by Norwalk and Norwalk-like viruses
- Campylobacteriosis
- Cholera
- Creutzfeldt-Jakob disease
- Cryptococcosis
- Cryptosporidiosis
- Cyclosporiasis
- Diphtheria
- E. coli O157:H7
- Ehrlichiosis
- Encephalitis, any case
- Food poisoning and toxicity (includes poisoning by mushroom toxins, ciguatera, scombrotoxin, tetrodotoxin, paralytic shellfish toxin and amnesic shellfish toxin, and other toxins)
- Giardiasis
- Group A streptococcus, invasive infection
- Group B streptococcus, invasive infection
- Guillain Barré syndrome
- Haemophilus influenzae, invasive infection
- Hansen's disease (Leprosy)
- Hantavirus infection
- Hemolytic uremic syndrome (HUS)
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hepatitis, infectious, not otherwise specified
- Influenza
- Legionellosis

- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Measles
- Meningitis, bacterial, community-acquired
- Meningitis, viral (aseptic) and other infectious (non-bacterial)
- Meningococcal disease, invasive infection (N. meningitidis)
- Mumps
- Pertussis
- Plague
- Poliomyelitis
- Psittacosis
- Q Fever
- Rabies in humans
- Reye syndrome
- Rheumatic fever
- Rickettsialpox
- Rocky Mountain spotted fever
- Rubella
- Salmonellosis
- Shigellosis
- Shiga toxin-producing organisms isolated from humans, including enterohemorrhagic E. coli (EHEC)
- Smallpox
- Streptococcus pneumoniae, invasive infection
- Tetanus
- Toxic shock syndrome
- Toxoplasmosis
- Trichinosis
- Tularemia
- Varicella (chickenpox)
- Viral hemorrhagic fevers
- Yersiniosis