APPENDIX D: **Patients who have come into contact with suspected/confirmed case of Varicella Zoster Virus**

Patient Hospital Number …… Dates of Communicability ……
Ward and Hospital ……..... Member of staff responsible for compiling information ……

To be completed by the person in charge following advice from Infection Prevention

Contact with suspected/confirmed case defined as:

5 minutes face-to-face contact
15 minutes in the same room/bay

Following a VZV exposure no longer than 10 days should be taken to identify susceptible individuals.

Please carefully print all information to enable contact of these patients if necessary

Patients Name	**DOB**	**Unit Number and Consultant**	**History of chickenpox or shingles (YES/NO)** patients with uncertain history of VZV should be tested for VZV IgG	**Patient immunocompromised (YES/NO)** immunocompromised individuals should be tested irrespective of past history of chickenpox (unless previously tested)	**Blood sent for antibodies test (VZV IgG) (YES/NO)**

PLEASE NOTE:

All people who were born or have lived in tropical regions, and have been resident in the United Kingdom or other temperate regions for less than three years should have a blood test for Varicella Zoster Virus immunity. The exception being that they have had Varicella Zoster Virus Infection (Chickenpox/Shingles) whilst residing in a temperate region or they have had a course of Varicella Zoster Virus vaccination.

Tropical regions are sub-Saharan Africa, South East Asia, Caribbean, Central America and parts of India.

Temperate (non-tropical) regions are United Kingdom, rest of Europe, North America, Antipodes, Middle East and Indian sub-continent.

IF IN DOUBT TEST