

## **ACCEPTABLE EVIDENCE OF IMMUNITY TO VARICELLA VIRUS FOR THE PURPOSES OF MEETING VIRGINIA SCHOOL ENROLLMENT REQUIREMENTS**

Evidence of immunity to varicella includes any of the following:

1. Documentation of 1 dose of varicella vaccine given at 12 months of age or older for children born on or after January 1, 1997. Effective March 3, 2010, documentation of 2 doses of varicella vaccine is required prior to kindergarten entry.
2. Laboratory evidence of immunity or confirmation of varicella disease.
3. Diagnosis, or verification of a history, of varicella disease by a health-care provider. (Parental reports are no longer acceptable without further evaluation. See below.)

Health care providers' documentation of a history of varicella

1. Complete Part II (Certification of Immunization), Section 1 the MCH form 213-F (revised 4/07) with the date of disease or serological confirmation, and sign the form. OR
2. Provide comparable information on a prescription blank with the provider's name printed on it, or on the provider's letter head stationery. Either of these must be signed by the provider.
3. School personnel should accept either of these documents, if signed and dated. If a prescription blank or note is presented, school personnel should attach this to the child's medical record.

Parental report of varicella disease

A school nurse may accept a parental report of varicella disease only if all of the following are reported by the parent in describing the child's illness.

- Acute onset of the illness.
- Maculopapulovesicular rash without other apparent cause.
- Generalized and pruritic rash with most lesions on the trunk.
- The lesions crusted over.

If these four criteria are met, the school nurse may document the history of varicella disease in Part II, Section 1, of the MCH 213-F form and initial the entry.

If all four criteria listed are not met, or the nurse is uncertain if they have been met, the parent should be referred to their private provider for a review of the history, vaccination, or serological testing.

\* "Health care provider" includes physicians, nurse practitioners, physician assistants, and registered nurses.