

I discussed this issue with our group as well as received some clarification from Drs. Woreta and Singman. With ocular zoster, the virus can be in the tears. The droplets can be contagious but they do not really become aerosolized/airborne.

We recommend following the guidelines outlined for varicella zoster/shingles in our isolation policy (Appendix B, starting on page 29:

<https://hpo.johnshopkins.edu/hopkins/index.cfm?event=Appendix.PDFFile.Render&aid=47600>). An easy reference is attached that can be used to help make the appropriate isolation decision for the individual patient. Please note the attached algorithm is for shingles only and NOT for primary chickenpox. Patients with confirmed or rule out primary chickenpox must be placed on Contact and Airborne Precautions in a negative pressure room.

If a patient is immunocompromised (as determined by the definition in the policy and attachment) with any lesions (no matter how many dermatomes), then they require Contact and Airborne Precautions in a negative pressure room with the door closed.

If the patient does not meet the definition for immunocompromised, then isolation is determined by the location of the lesions:

- Lesions in ≥ 3 contiguous dermatomes OR lesions in 2 or more separate noncontiguous dermatomes = Contact and Airborne Precautions in a room with a portable HEPA filter or a negative pressure room with the door closed.
- Lesions in one or two contiguous dermatomes = cover the affected area and use Standard Precautions

If there is any concern for VZV meningitis or pneumonia (with or without lesions), the patient requires Airborne Precautions. If the patient is immunocompromised they require a negative pressure room. If the patient does not meet the definition for immunocompromised then a portable HEPA filter can be used in a private room.

Examples:

- A patient with HIV that has a CD4 count of 120 with VZV lesions in one dermatome near their left eye = Contact and Airborne Precautions in a negative pressure room
- A patient that is immunocompetent with lesions in one dermatome near their left eye = Cover the affected area if possible and used Standard Precautions (which includes wearing appropriate PPE (ie gown and gloves) if touching the affected area
- A patient that is immunocompetent with lesions near their left eye AND lesions on their left arm = Contact and Airborne Precautions in a room with a portable HEPA filter or a negative pressure room with the door closed
- A patient with HIV that has a CD4 count of 120 with no skin lesions but has suspected VZV meningitis = Airborne Precautions with a negative pressure room
- A patient with a history of a bone marrow transplant 6 months ago with VZV lesions in one dermatome near their left eye and has a concern for VZV meningitis = Contact and Airborne Precautions in a negative pressure room

As a reminder, any healthcare worker that is immune to chickenpox (either past history of disease or previous vaccination) does NOT need to wear a PAPR or N95 respirator if the patient requires Airborne Precautions. However, the patient's room must have a HEPA filter unit placed in the room or be in negative pressure. If a healthcare worker is unsure of their immune status they need to contact Occupational Health. All healthcare workers, regardless of their immune status, must observe Contact Precautions if indicated.

If it is determined that any patient requires Contact and Airborne Precautions for confirmed or rule out shingles and the patient is being admitted OR if there are any questions regarding the appropriate isolation for a patient, please contact the HEIC office (5-8384) or the on call pager (3-3855).

Please review the attached document and let me know if you have any questions or concerns.

Thank you,
Chelsea

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