Varicella-Zoster Virus Qualitative Real-time PCR



Varicella-Zoster Virus (VZV) is a DNA herpesvirus responsible for varicella (chickenpox), after which it establishes latency in ganglia and can subsequently reactivate to cause herpes zoster (shingles). VZV can also infect mononuclear cells, which may aid in the spread of the virus throughout the body. It is latent in over 90% of healthy adults. VZV may produce various acute, subacute, and chronic disorders of the central and peripheral nervous systems (CNS, PNS) in adults and children, including Ramsay Hunt syndrome and post herpetic neuralgia. CNS complications can follow both primary infection and reactivation of VZV, causing meningitis, encephalitis, or encephalopathy. Both immunocompetent and immunocompromised individuals may be affected, with immunocompromised individuals being more likely to suffer vasculopathy and myelitis. Real-time PCR provides a rapid and sensitive method to determine the presence of target-specific amplifiable nucleic acids in all samples intended for PCR1-2. For more information, call the lab at 513-636-9820.

Reporting Units:

Positive/Negative

Unacceptable Specimens:

- Frozen whole blood
- Swabs in gel or charcoal media

Shipping Conditions:

- Ambient if sent within 24 hours
- On cold packs if sent >24 hours after collection

Testing Schedule:

Testing for Varicella-Zoster Virus is performed Mon-Fri on first shift. For testing outside of this schedule, call the lab at 513-636-9820. **TAT:** 1-3 days

EPIC Test Code:

5804006

CPT Code:

87798

Contact Information:

Cincinnati Children's Division of Pathology Molecular and Genomic Pathology Services (MGPS) Phone: 513-636-9820 Fax: 513-517-7099 Email: pathology@cchmc.org Website: cincinnatichildrens.org/pathology

For pricing or billing questions, call 513-636-4261.

Shipping Address:

Cincinnati Children's Hospital Medical Center Attn: Molecular and Genomic Pathology Services (MGPS) 3333 Burnet Ave, R2.001 Cincinnati, OH 45229

References:

 Gilden D, Mahalingam R, Cohrs R, et al. Herpesvirus infections of the nervous system. *Nature Clin Practice*. 3:82-94. 2006.

 Zuckerman A, Banatvala J, Pattison J, eds. <u>Principles and Practice of Clinical</u> <u>Virology</u>. 2nd ed. John Wiley and Sons, West Sussex, United Kingdom. 1990.

| Sample Type | Volume Needed | Collection Container |
|--|---------------|------------------------------|
| Anticoagulated Blood or Bone Marrow* | 1mL | Lavender Top (EDTA) |
| Aspirate: endotracheal tube, tracheal | 1mL | Sterile Container |
| Body Fluids (i.e. amniotic, pericardial, pleural, vitreous) | 1mL | Sterile Container |
| Bronchoalveolar Lavage (BAL) fluid | 1mL | Sterile Container |
| Cerebrospinal Fluid (CSF) | 1mL | Sterile Container |
| Plasma* | 1mL | Lavender Top (EDTA) |
| Serum | 1mL | Gold Top (SST) |
| Stool | 1mL or 0.3 g | Sterile Container |
| Swab**: conjunctival, labial, lesion, mouth, nasal, nasopharyngeal, rectal, skin, throat, vaginal, vesicle, wound | n/a | Red or Green Culturette Swab |
| Tissue*** | 0.3 g | Sterile Container |
| Urine | 1mL | Sterile Container |

* EDTA is preferred, sodium heparin is acceptable.

** Red or green top culturette swabs preferred; viral transport media acceptable. *** Wrap tissue in gauze wetted slightly with sterile saline to keep moist during transport. Clinical Lab Index:

VZV: https://www.testmenu.com/cincinnatichildrens/Tests/662821