

## **UCSF Neurology/ Infectious Diseases Diagnostic Testing Recommendations For Patients with Suspected CNS VZV Infection**

Clinical Indications for Testing:

1. Meningitis of unknown etiology, especially with rash suspicious for VZV or with stroke of unknown etiology
2. Encephalitis/ meningoencephalitis of unknown etiology
3. Vasculopathy and strokes with CSF inflammation
4. Myelitis of unknown etiology
5. Lumbosacral or brachial plexopathy of unknown etiology

For patients in whom CNS VZV infection is suspected:

- 1. Send CSF VZV PCR and CSF VZV IgG**
  - a. CSF VZV PCR can be an insensitive test for diagnosis of CNS VZV infection. CSF VZV IgG provides an additional diagnostic tool with a sensitivity of > 90%.
- 2. Consider sending VZV IgM (within 7 to 21 days of symptom onset) in addition to CSF VZV IgG and VZV PCR in selected patients with acute presentation.** This test may have increased sensitivity/specificity during this time period compared with IgG.