

Alaska Public Health Advisory

Spike in Varicella (Chickenpox) Cases, Kenai Peninsula — Fall 2012

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Varicella (chickenpox) is a condition reportable to the Alaska Section of Epidemiology (SOE) by health care providers and laboratories. Since January 1, 2012, over 50 confirmed and probable cases have been reported to SOE statewide. **Of the nine cases reported in September, all were among unvaccinated or incompletely vaccinated children living in Homer and Soldotna.** The six Homer cases occurred in three separate clusters involving several schools.

The recently reported cases occurred among children attending different schools and unrelated pre-school aged children. This suggests that there is ongoing transmission in the wider community and that additional cases are likely to occur throughout the Kenai Peninsula.

For most healthy people, varicella (chickenpox) is usually a mild rash illness, but it has the potential for serious complications and death, especially for certain high risk groups – infants, adolescents, adults, pregnant women, and the immune compromised.

The primary tools to contain an outbreak are vaccination and isolation of ill and at-risk people.

The purpose of this advisory is to:

1. Remind health care providers that varicella is a condition reportable to SOE;
2. Encourage health care providers, parents, school and daycare administrators to review children's immunization records and ensure that recommended doses are given to susceptible children;
3. Encourage anyone with varicella to stay away from school or other congregate settings until lesions have crusted over, especially settings where vulnerable populations might be; and
4. Alert susceptible people of the increased varicella activity so they may make informed choices about coming into contact with potentially infectious people.

Reporting to SOE

Main office telephone: (907) 269-8000
Confidential voicemail: (907) 561-4234, or outside Anchorage (800) 478-1700
Fax: (907) 561-4239

Report forms are available on-line: <http://www.epi.alaska.gov/pubs/conditions/default.stm>

Signs and symptoms

Symptoms commonly appear 14-16 days (range of 10-21 days) after exposure to someone with varicella (chickenpox) or herpes zoster (shingles).

Initial symptoms include sudden onset of slight fever and feeling tired and weak. These are soon followed by an itchy blister-like rash. The blisters eventually dry, crust over, and form scabs. The blisters tend to be more common on covered than on exposed parts of the body. They may appear on the scalp, armpits, trunk, on the eyelids, and in the mouth. Mild or inapparent infections occasionally occur in children. Serious complications such as dehydration, pneumonia, blood stream infections and bleeding problems tend to occur more frequently in infants, adolescents, adults, pregnant women and the immune compromised.

Vaccination recommendations and information

- Routinely, children should receive their first dose of varicella vaccine between 12–15 months of age, and their second dose between 4–6 years of age.
- In outbreak settings, children who have only received one varicella vaccine should receive the second dose as early as permitted by the minimum interval—this will be earlier than the routine recommendation for children under 4 years old.
- The recommended minimum interval between doses is 3 months for children aged <12 years; and 4-8 weeks for children aged ≥ 12 years.
- Varicella immunizations are required for children enrolled in public and private schools (pre-elementary through 6th grade) and licensed child care facilities in Alaska.
- State-supplied varicella vaccine is available at local Public Health Centers for children aged 1 year through 18 years.
- State-supplied zoster vaccine is available for underinsured and uninsured adults aged 60+ years at local Public Health Centers (PHCs).
- Services received at PHCs are on a sliding fee scale based on an individual or family's annual income. Documentation verifying income is not required and people unable to pay will receive vaccinations at no charge.

Testing

Cases of varicella can be diagnosed on the basis of clinical suspicion and do not need to be laboratory confirmed to be reported to SOE.

Laboratory confirmation of varicella includes serologic testing to confirm current disease or past immunity. Additionally, PCR testing of vesicle fluid from lesions can be performed by referral to CDC. Contact the Alaska State Public Health Laboratory (ASPHL) for specimen collection information and/or to request testing: (907) 334-2100. The testing manual and the request forms are available online:

http://www.hss.state.ak.us/dph/labs/publications/image/Lab_Svcs_Manual.pdf and
<http://www.hss.state.ak.us/dph/labs/publications/image/FbxSupplyReq.pdf>.

Please share this Advisory with others you know who have questions about how to protect themselves and their families against varicella.

Additional resources

Alaska Epidemiology Bulletin: Outbreak of Varicella at a Child Care Facility – Kenai Peninsula 2011. http://www.epi.alaska.gov/bulletins/docs/b2012_06.pdf

Alaska Epidemiology Bulletin: Recommended Immunization Schedule for Children Aged 0–6 Years Alaska, 2011: http://www.epi.alaska.gov/bulletins/docs/b2011_13.pdf

Centers for Disease Control and Prevention Chickenpox (Varicella) Information:
<http://www.cdc.gov/chickenpox/index.html>

Centers for Disease Control and Prevention Chickenpox (Varicella) Information (Fact Sheet for Kids): <http://www.cdc.gov/chickenpox/about/BAM-villain-for-kids-fs.html>

This message is sent to you as a service of the State of Alaska DHSS, Division of Public Health, through the Section of Epidemiology, 3601 C Street, Suite 540, Anchorage, Alaska 99503; main telephone (907) 269-8000. The Section of Epidemiology maintains a 24-hour Emergency Number, 1-800-478-0084. Internet site: <http://www.epi.Alaska.gov>.