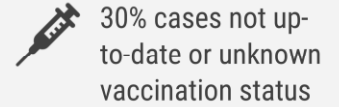
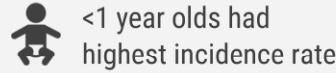
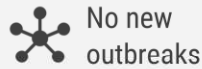
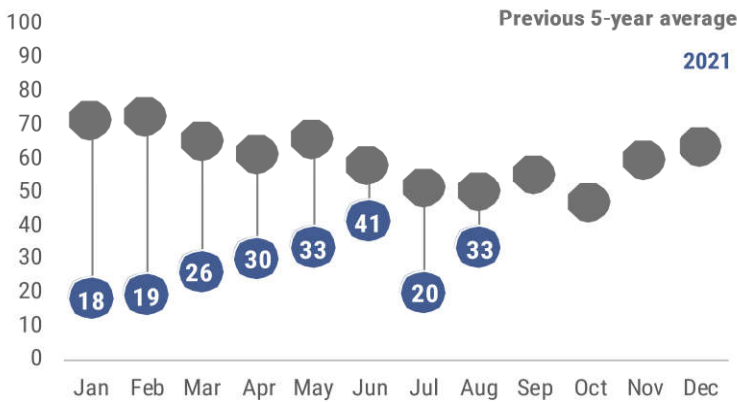


# Varicella Surveillance

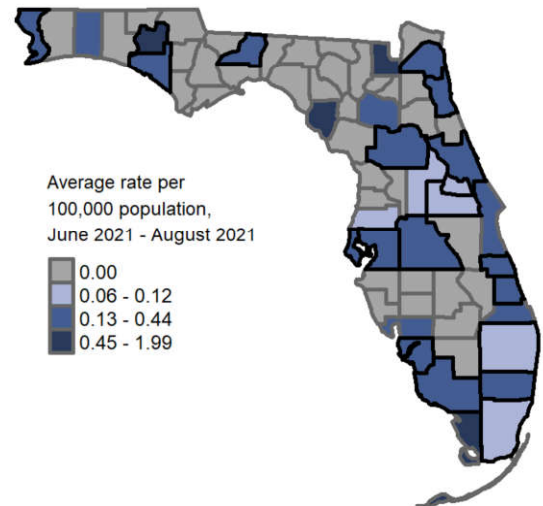
## August Key Points



The number of varicella cases reported in August 2021 increased from the previous month but remained below the previous 5-year average. Due to robust vaccination programs, there is no longer discernable seasonality for varicella cases in the United States.

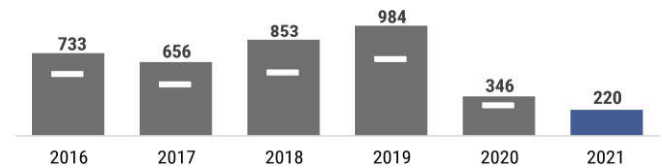


In August 2021, 33 varicella cases were reported in **20 counties**, outlined in black in the map below. From June 2021 through August 2021 the average county rates varied throughout the state.



In 2021, 220 varicella cases were reported in 34 counties.

The annual number of reported varicella cases decreased from 2016 to 2017. In 2020 and 2021, case counts are lower compared to previous years at this time.



\*The white bars indicate the total number of cases as of August for each year



In August, the varicella rate was highest among infants <1 year old at 2.6 cases per 100,000 population, which is consistent with previous months. Infants <1 year old are too young to receive varicella vaccination, which is why vaccination of siblings, parents, grandparents, and other age groups is important in infection prevention among infants.



The COVID-19 pandemic is affecting health care seeking behavior, which may be impacting the diagnosis and reporting of varicella cases that are shown in this report. For more information on the COVID-19 pandemic in Florida, please visit [FloridaHealthCOVID-19.gov](https://www.floridahealth.gov/covid-19).



# Varicella Surveillance



In August, **4 cases** were transmitted within households and **no cases** were outbreak-associated. For most varicella cases, exposure to other known cases is not identified. In Florida, transmission setting is not routinely identified for non-outbreak cases resulting in **70%** of cases reporting unknown setting in August.

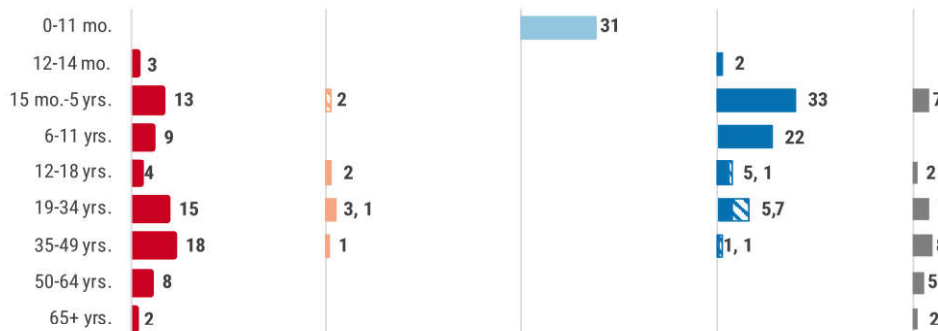
People with shingles infection can transmit the virus that causes varicella to people without immunity. In August, **3 cases** reported contact with someone diagnosed with shingles during their exposure period.

## Household-associated | Outbreak-associated | Total cases



In August 2021, **30% of individuals** reported with varicella had not received the recommended number of varicella vaccinations for their age or had unknown vaccination status. Vaccination against varicella is important for infants, children, teenagers, and adults. If a person was born before July 1, 1994, the current varicella immunization recommendation would not have been implemented when they were receiving their childhood immunizations. Based on the case's age, **68 cases** in 2021 would not have been vaccinated under the current childhood immunization recommendations.

In 2021, the majority of adults aged 19 years and older with varicella were not up-to-date on their varicella vaccinations or had unknown vaccination status. Although individuals who have been vaccinated can still develop varicella, **complete and timely vaccination remains the best way to prevent varicella and severe complications.**



## National activity

Varicella incidence decreased significantly following the vaccine becoming available in 1995 and has continued to decrease since 2006 when recommendations changed from 1 to 2 doses of varicella vaccine. From 2006 to 2015, all age groups had a substantial decrease in incidence with the largest decline in children aged 5 to 14 years. Although varicella is not reported to the CDC by all states, based on available data, the number of varicella cases nationally has steadily decreased each year from 2012 to 2015.

## Varicella surveillance goals

- Identify and control outbreaks, monitor trends, and identify severe outcomes
- Identify transmission settings in non-outbreak cases to prevent the spread of sporadic cases
- Monitor effectiveness of immunization programs and vaccines

To learn more about varicella, please visit [FloridaHealth.gov/Varicella](https://www.floridahealth.gov/Varicella). For more information on the data sources used in Florida for varicella surveillance, see the last page of this report.

# Vaccine-Preventable Diseases Surveillance System Summary

## Case Data

- Current case data are preliminary and will change as new information is gathered. The most recent data available are displayed in this report.
- Pertussis, varicella, and hepatitis A are reportable diseases in Florida. Case information is documented by county health department (CHD) epidemiologists in Merlin, Florida's reportable disease surveillance system.
- Only Florida residents are included in case counts, but contact investigations are conducted for all exposed individuals.
  - Pertussis, varicella, and hepatitis A case counts include both confirmed and probable cases.
- Map counts and rates are determined by the individual's county of residence; these data do not take into account location of exposure.
- CHD epidemiologists also report outbreaks of pertussis, varicella, and hepatitis A into Merlin.
  - Household-associated cases are defined as  $\geq 2$  cases exposed within the same household.
  - Pertussis outbreaks are defined as  $\geq 2$  cases associated with a specific setting outside of a household.
  - Varicella outbreaks are defined as  $\geq 5$  cases associated with a specific setting outside of a household.
- For more information about reportable diseases, please visit [FloridaHealth.gov/DiseaseReporting](https://www.floridahealth.gov/DiseaseReporting).
- For more information about Florida's guides to surveillance and investigation, including disease-specific surveillance case definitions, please visit [FloridaHealth.gov/GSI](https://www.floridahealth.gov/GSI).

## Population Data

- Population data from 2020 used to calculate incidence rates are from FLHealthCHARTS (Community Health Assessment Resource Tool Set).
- For more information about FLHealthCHARTS, please visit [FLHealthCharts.com](https://www.flhealthcharts.com).

## Vaccination Data

- Vaccination data for identified cases are from Merlin, as documented by CHD staff.
- Vaccination status is determined using the Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, 2018.
- For more information about immunization schedules, please visit [www.CDC.gov/Vaccines/Schedules/index.html](https://www.CDC.gov/Vaccines/Schedules/index.html).
- Individuals are considered up-to-date on vaccinations if they have received the recommended number of doses of vaccine for a particular disease for their age at the time of their illness onset. Individuals are considered undervaccinated if they have received at least one but not all doses of vaccine recommended for a particular disease for their age at the time of their illness onset.