

Summary

February 2018

State varicella activity:

- Forty-five confirmed and probable varicella cases were reported among 27 counties in February.
 - The number of reported varicella cases decreased slightly from January and is lower than trends seen in previous years at this time.
 In previous years, varicella activity was highest during the late winter and spring; trends for 2018 will continue to be monitored closely.
 - From January 1, 2018 through February 28, 2018, 92 cases of varicella were reported among 34 of Florida's 67 counties.
- A decreasing trend in the number of confirmed and probable cases of varicella reported annually in Florida was observed from 2008-2014. The number of cases reported annually remained elevated in 2015 and 2016 and started to decrease again in 2017. So far in 2018, the number of varicella cases is lower than that observed in 2017 at this time.
- No outbreaks of varicella were reported in February.
- In February, children age less than one year old had the highest incidence of varicella. This is consistent with what was observed for the majority of months in 2017.
- Average Varicella Incidence Rates per 100,000 Population, November 2017 through January 2018

 Average rate per 100,000 population

 □ 0.0

 □ 0.1 0.3

 □ 0.4 1.3

 □ 1.4 3.4

 □ County with ≥1 case in February
- Vaccination is the best way to prevent varicella infection. In February, 58% of cases were not up to date on their varicella vaccinations or had unknown vaccination status. In general, those who received at least one dose of varicella vaccination, even if they later develop disease, have less severe outcomes than those who have never been vaccinated. In February, infants too young for vaccination were most likely to visit the emergency department.
- To learn more about varicella, please visit http://www.floridahealth.gov/varicella.

National varicella activity:

- Varicella incidence decreased significantly following the vaccine becoming available in 1995 and has continued to decrease since 2006 when recommendations changed from one to two doses of varicella vaccine.
 - From 2006 –2015 all age groups saw a significant decrease in incidence with the largest decline in children age 5-9 years and age 10-14 years.
- Although varicella is not reportable in all states and therefore not all states report varicella cases to the CDC, based on available data the number of varicella cases nationally has steadily decreased each year from 2012-2015.

Surveillance goals:

- Varicella surveillance is conducted to identify and control outbreaks and monitor trends and severe outcomes.
- Surveillance is also conducted to monitor effectiveness of immunization programs and vaccines. For more information on the data sources used in Florida for varicella surveillance, see page 11 ▶



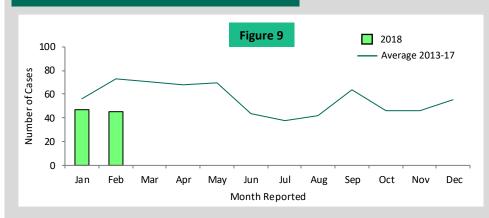


Figure 9 shows the number of confirmed and probable cases of varicella reported into Merlin, January 2018 through February 2018 and the previous five-year average.

In February, the number of reported varicella cases decreased slightly from January and remained below the previous five-year average. Thus far in 2018, varicella activity does not appear to be following seasonal trends seen in previous years at this time.

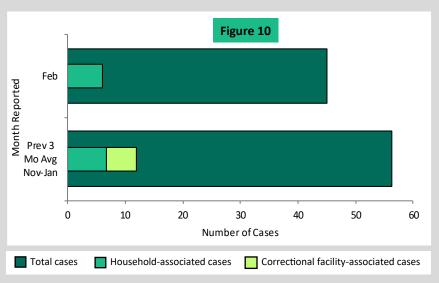
Varicella Outbreaks

Figure 10 shows the number of confirmed and probable cases that were associated with at least one other case and the total number of confirmed and probable cases as reported into Merlin, February 2018 and the previous threemonth average. Cases associated with at least one other case are shown by type of association.

In February, six (13%) cases were associated with other cases through living in the same household.

Outbreak Summary:

No outbreaks of varicella were reported in February. Thus far in 2018, two varicella outbreaks have been reported in correctional facilities.



Varicella Age-Specific Incidence Rates

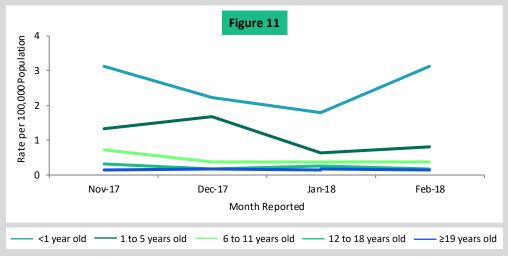
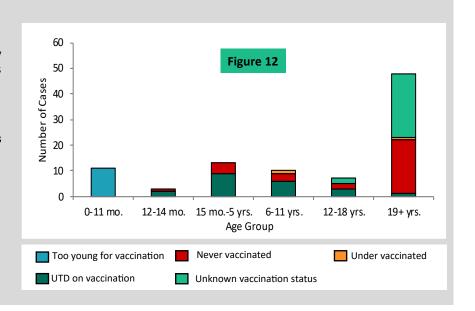


Figure 11 shows the age-specific incidence rates of confirmed and probable cases of varicella, as reported into Merlin, November 2017 through February 2018.

In February, the incidence rate was highest among infants less than one year old. This is consistent with trends seen in 2017. Infants less than one year old are too young to receive varicella vaccination, which is why vaccination of grandparents, parents, siblings, and other age groups is so important to help prevent infection in infants.

Figure 12 shows the vaccination status of varicella cases by age group for confirmed and probable cases of varicella, as reported into Merlin, January 2018 through February 2018 (n=92).

Varicella vaccinations are recommended at 12-15 months of age and 4-6 years of age. Twenty-two (46%) individuals age 19 and older were not up-to-date on their varicella vaccinations, while the majority of those age 1-11 years were up-to-date on their vaccinations.

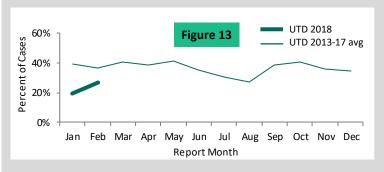


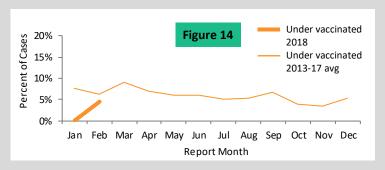
Varicella Cases in Vaccinated Individuals

UTD = up-to-date

Figure 13 shows the percent of confirmed and probable varicella cases who were up to date on their varicella vaccinations, as reported into Merlin, January 2018 through February 2018 and the previous five-year average. **Figure 14** shows the percent of these cases who were under vaccinated during the same time periods.

Although individuals who have been vaccinated can still get varicella, vaccination remains the best way to prevent varicella and severe complications.





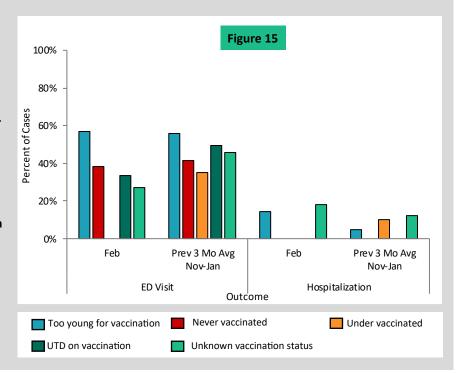
Varicella Outcomes

UTD = up-to-date, ED = emergency department

Figure 15 shows the percent of confirmed and probable cases of varicella with select outcomes by vaccination status, as reported into Merlin, February 2018 and the previous three-month average.

In general, cases who were UTD on their vaccinations were less likely to experience fever and vesicle lesions. Cases too young to be vaccinated or not yet vaccinated were more likely to experience papule lesions.

In February, individuals too young for vaccination were most likely to visit the emergency department. Few varicella cases require inpatient hospitalization. In general, those who received at least one dose of varicella vaccination, even if they later develop disease, have less severe outcomes than those who have never been vaccinated.



Vaccine-Preventable Diseases Surveillance System Summary Page 11

Case Data

- Pertussis, varicella, and mumps are reportable diseases in Florida. Case information is documented by county health department (CHD) epidemiologists in Merlin, Florida's reportable disease surveillance system.
- CHD epidemiologists also report outbreaks of pertussis, varicella, and mumps into Merlin. Outbreaks are defined as two or more cases associated with a specific setting outside of the home. Two or more cases among members of the same household are considered household-associated cases.
- Current case information is preliminary and may change as more data are received. The most recent data available are displayed in this report.
- For more information about reportable diseases, please visit www.Floridahealth.gov/diseasereporting.

Population Data

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

Vaccination Data

- Vaccination data from cases are from Merlin, as identified by CHD epidemiologists.
- Vaccination status is determined using the Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, 2018.
- Cases are considered up-to-date 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. Cases are considered under vaccinated 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.
- For more information about immunization schedules, please visit https://www.cdc.gov/vaccines/schedules/index.html.