

Varicella Surveillance

January-August 2020

Key Points



In August, there were 8 cases



99 new cases between March and August 2020



No outbreaks in 2020

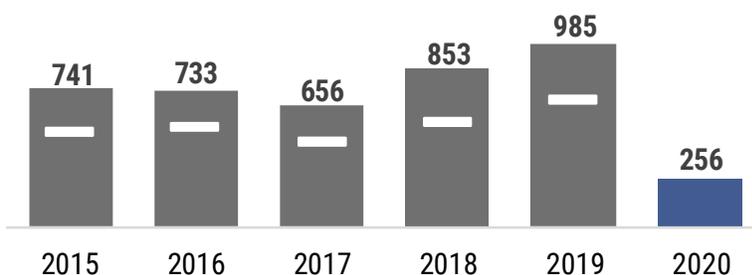


The average 6 month incidence rate was highest among <1 year olds



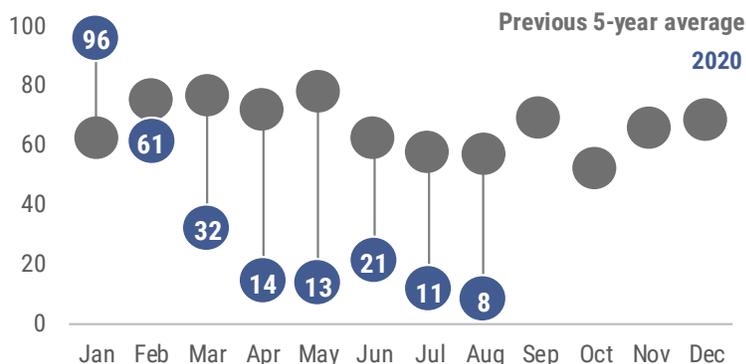
From January 1, 2020 through August 31, 2020, **256 varicella cases** were reported in 43 counties.

Ninety-nine varicella cases were reported between March and August 2020, which is an **81% decrease** compared to March to August 2019 (518 cases).

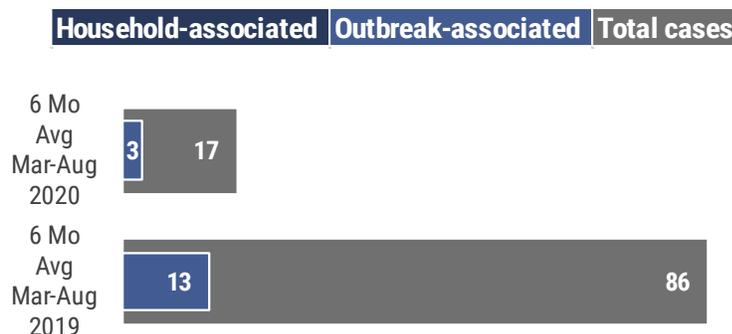


*The white bars in the graph indicates total numbers in August for each year

The number of varicella cases reported in August decreased from the previous month and 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.



The average number of **household-associated cases** between March and August 2020 was four times lower than the average number of household-associated cases between March and August in 2019. **No outbreak-associated cases have been identified in 2020.** For most varicella cases, exposure to other known cases is never identified, and they are not able to be linked to outbreaks.



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).



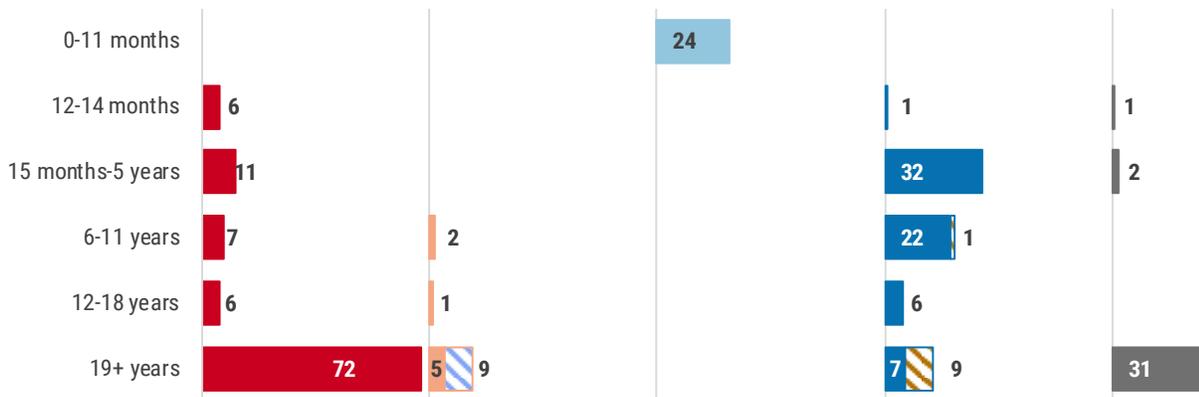
Varicella Surveillance



The average incidence rate was highest among **<1 year olds** at **0.9 cases per 100,000 population** between March and August 2020, which is roughly **four times lower** than the average incidence rate for <1 year olds between March and August 2019. Infants <1 year old are too young to receive varicella vaccination, which is why vaccination of siblings, parents, grandparents, and other age groups is so important to help prevent infection in infants.



In 2020, 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 get varicella, **complete and timely vaccination remains the best way to prevent varicella and severe complications**. Self-reported vaccination status that could not be verified is shown with a diagonal pattern.



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 and monitor trends and severe outcomes
- Monitor effectiveness of immunization programs and vaccines

To learn more about varicella, please visit 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 ≥ 2 cases exposed within the same household.
 - Pertussis outbreaks are defined as ≥ 2 cases associated with a specific setting outside of a household.
 - Varicella outbreaks are defined as ≥ 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/disease-reporting).
- 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 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.