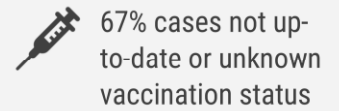
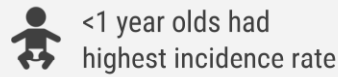
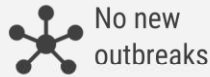


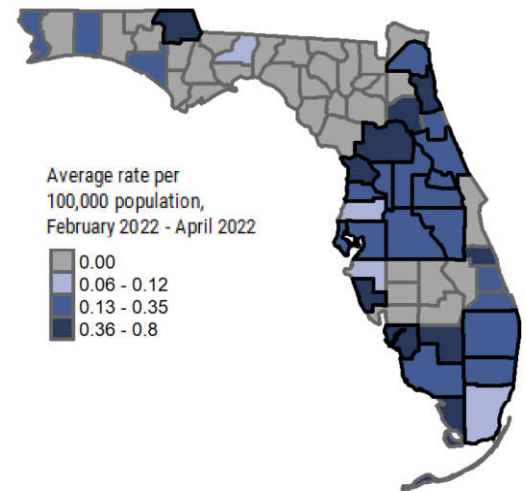
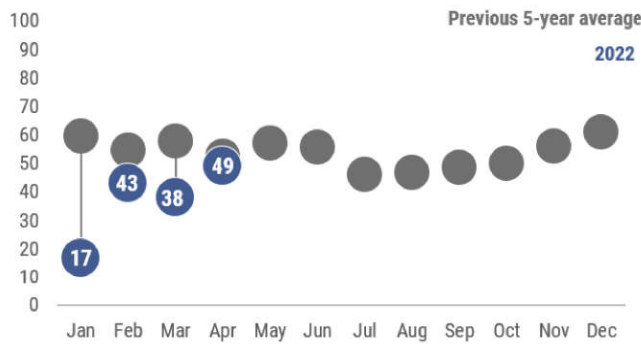
# Varicella Surveillance

## April Key Points

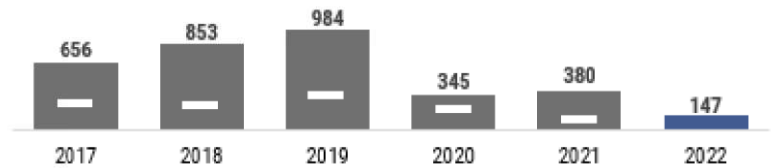


The number of varicella cases reported in April 2022 increased from the previous month and was below the previous 5-year average. Due to robust vaccination programs, there is no longer discernable seasonality for varicella cases in the United States.

In April 2022, 49 varicella cases were reported in 20 counties, outlined in black in the map below. From February 2022 through April 2022 the average county rates varied throughout the state.



In 2022, 147 varicella cases were reported. The annual number of reported varicella cases increased from 2017 to 2019 and decreased significantly in 2020 and 2021.



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



In April, the varicella rate was highest among infants <1 year old at 4.3 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.



# Varicella Surveillance



In April, **6 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 **67%** of cases reporting unknown setting in April.

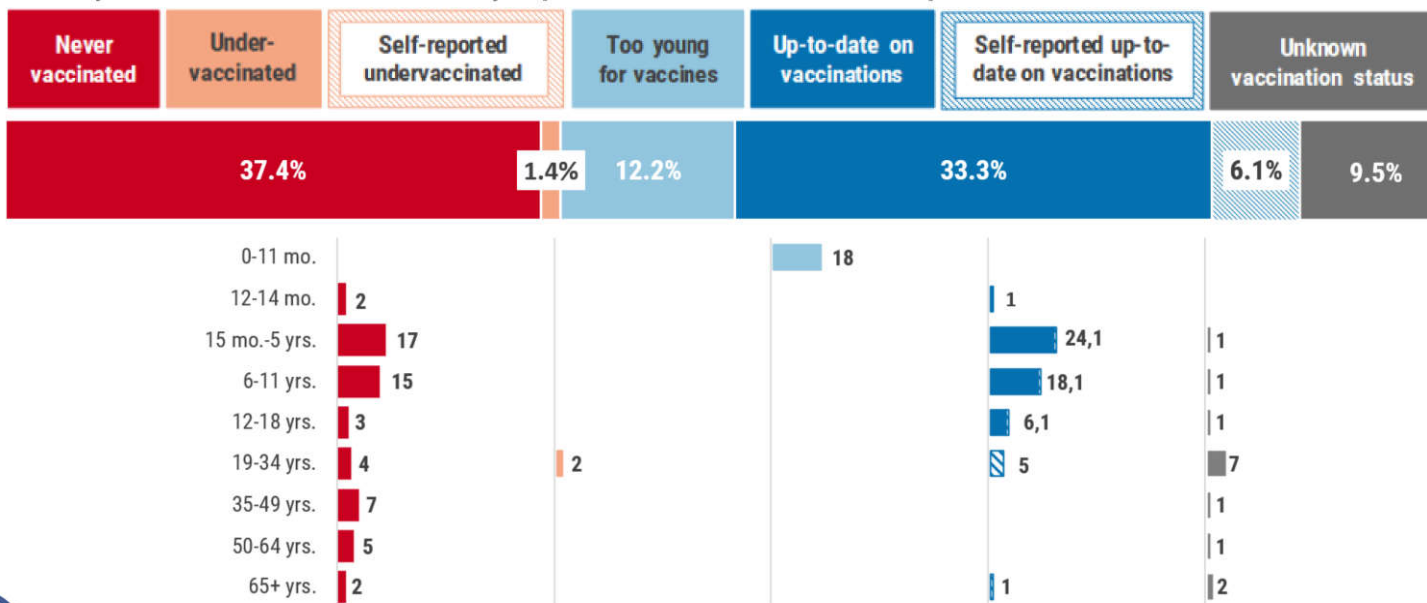
People with shingles infection can transmit the virus that causes varicella to people without immunity. In April, **10 cases** reported contact with someone diagnosed with shingles during their exposure period.

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



In April 2022, **67% 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, **28 cases** in 2022 would not have been vaccinated under the current childhood immunization recommendations.

In 2022, 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.