

Health Advisory – Varicella Cluster in Tukwila, King County – December 13, 2023

Action requested:

- **Be aware of at least two laboratory-confirmed varicella (chickenpox) cases among asylum seekers who have been staying in a homeless encampment in Tukwila.**
 - Secondary cases would be expected between December 3, 2023, to December 23, 2023.
- **Assess [immunity status](#) of patients at every visit and vaccinate based on the CDC [recommended schedule](#), health condition, occupation, and other risk factors such as travel. Under-vaccinated individuals may be at risk for varicella infection. Document vaccinations administered in the Washington State Immunization Information System.**
- **Consider varicella infection in exposed patients with [compatible symptoms](#):**
 - A mild prodrome of fever, up to 102°F, and malaise may occur 1-2 days prior to rash onset
 - Pruritic rash that starts on the chest, back and face, spreads over entire body, and progresses rapidly from macular to papular to vesicular lesions before crusting over
 - In vaccinated people who later develop infection, disease is milder with fewer than 50 skin lesions and shorter duration of illness, rash may be atypical (maculopapular with few or no vesicles)
 - Complications from varicella include bacterial infections of skin and soft tissue and pneumonia. Severe complications include cerebellar ataxia, encephalitis, viral pneumonia, and hemorrhagic conditions. More moderate to severe disease is likely to occur in:
 - Pregnant people without [evidence of immunity](#)
 - Immunocompromised people without evidence of immunity
 - Infants, especially those who are:
 - Newborns whose mother had varicella infection from 5 days before to 2 days after delivery
 - Premature babies exposed to varicella or herpes zoster
 - Healthy adolescents over age 12 years and adults without evidence of immunity
- **Consider oral acyclovir or valacyclovir for treatment within 24 hours of rash onset in people at [increased risk for moderate to severe disease](#).**
 - Intravenous acyclovir is recommended for treatment of severe disease and for varicella in immunocompromised people
- **Offer preventative measures to all exposures:**
 - Varicella vaccination for all exposures without [evidence of immunity](#) or contraindications, and preferably within 3 days but up to 5 days after exposure, to prevent or modify disease
 - Pregnancy is a common contraindication to varicella vaccine
 - Varicella-zoster immune globulin (VariZIG) is recommended for people who cannot receive the vaccine and:
 - 1) lack [evidence of immunity](#) of varicella,
 - 2) whose exposure is likely to result in infection, and
 - 3) are at [highest risk for severe varicella per ACIP guidelines](#)

VariZIG should be given as soon as possible and within 10 days of exposure. For patients who received VariZIG, administration of subsequent varicella vaccines should be delayed [until 5 months](#) after VariZIG is administered.

- For situations where VariZIG is recommended but not available, an infectious disease consult or discussion with Public Health is advised.
- **Be prepared for infection prevention measures at your facility:**
 - Airborne and contact precautions for all patients with suspected infection
 - Screen patients for symptoms and exposure at triage or appointment scheduling for rapid identification and implementation of appropriate precautions
 - Suspected patients should be cared for by non-pregnant healthcare workers who have evidence of immunity to varicella
- **Report suspected cases of varicella among asylum seekers, people experiencing homelessness, and anyone with close contact to these populations to Public Health at (206) 296-4774 within 24 hours.**

Background

Public Health is investigating 2 confirmed cases of varicella at an encampment located in Tukwila. Healthcare providers should be vigilant for potential varicella infections among people who spent time at an encampment in Tukwila. Public Health has begun mobile medical outreach to the encampment to provide education, risk stratification and vaccination to this community. The mobile clinic may refer patients to outpatient and emergency care based on symptoms and high-risk exposure. During this outbreak, healthcare facilities should screen patients for possible symptoms or exposure to varicella at triage or when scheduling appointments to identify potentially infectious cases and promptly implement infection control measures to prevent transmission to other patients and staff.

Varicella is highly contagious and patients who have not been vaccinated are particularly susceptible. Those at high risk for moderate to severe disease are infants, adolescents, adults, pregnant people, and anyone who is immunocompromised. People infected with varicella are considered infectious from two days before rash onset until all lesions have crusted. It takes between 10 and 21 days after exposure for someone to develop symptoms. Based on studies of transmission among household members, about 90% of susceptible close contacts will get varicella after exposure to a person with disease.

Resources

- [Public Health – Seattle & King County Varicella Resources](#)
- Washington State Department of Health:
 - [Varicella Resources](#)
 - [Varicella specimen collection and shipping guidance](#)
- CDC information for healthcare providers:
 - [Chickenpox information for healthcare providers](#)
 - [Varicella Vaccine Dosing and Information](#)
 - [VariZIG guidance](#)

To be added to the King County health advisory email distribution list, please visit:

<https://kingcounty.gov/depts/health/communicable-diseases/health-care-providers/advisories.aspx>