Communicable Disease Epidemiology and Immunization Section

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Health Advisory – Varicella Cluster in Tukwila, King County – May 31, 2024

Action requested:

- Be aware of at least 3 clinically diagnosed varicella (chickenpox) cases among asylum seekers who have been staying in a homeless encampment in Tukwila.
 - Secondary cases would be expected through the end of June 2024.
- Assess <u>immunity status</u> of patients at every visit and vaccinate based on the CDC <u>recommended</u> <u>schedule</u>, health condition, occupation, homelessness, and other risk factors such as travel. Under-vaccinated individuals may be at risk for varicella infection.
 - Important Document historical and administered vaccinations and serology (IgG and IgM results) in the Washington State Immunization Information System.
- Consider varicella infection in exposed patients with <u>compatible symptoms or complications</u> and perform <u>laboratory testing</u> to verify diagnosis.
 - 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 one of these recommended preventative measures to all eligible people who are exposed:
 - Varicella vaccination for all exposures without <u>evidence of immunity</u> 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) for people who cannot receive the vaccine and:
 - 1) lack evidence of immunity to 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 <u>until 5 months</u> 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/known 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
- Assess pregnant persons for <u>evidence of immunity</u> and consider varicella IgG serology if there is no evidence of immunity, especially for persons experiencing homelessness or asylum seekers.
- 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 3 clinically diagnosed cases of varicella at an encampment located in Tukwila. We began 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.

Varicella is highly contagious and patients who have not been vaccinated are particularly susceptible. 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
 - o Varicella Resources
- Washington State Department of Health:
 - o Varicella Resources
 - Varicella specimen collection and shipping guidance
 - CDC information for healthcare providers
 - o <u>Varicella information for healthcare professionals</u>
 - o Varicella Vaccine Dosing and Information
 - o VariZIG guidance

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