

## A Change in Chickenpox Reporting in Michigan...

### *... Information for Local Health Departments*

## Chickenpox to become name-reportable

### Background About The Change

MDCH is recommending a change in reporting procedure for varicella cases (also known as chickenpox) with the start of the 2005 - 2006 school year.

Up until this time, surveillance for varicella in Michigan has involved aggregate case-count reporting. Physicians, schools, and child day care centers have reported simple numerical case counts for certain age groups to local health departments (LHDs) on a weekly basis. These counts were tallied for each age group and in turn sent from the LHDs to MDCH weekly, and then to CDC for national surveillance purposes.

The new change will require varicella cases to be reported on an individual, named-case basis, similar to the way other notifiable diseases are reported. This change, which is being implemented nationwide, was a recommendation of the Council of State and Territorial Epidemiologists (CSTE) and the Centers for Disease Control and Prevention (CDC). MDCH is in the process of revising the department's communicable disease rules and regulations to support this reporting change.

LHDs should inform disease reporters (physicians, schools, day-care programs, etc) of this change. A revised copy of the DCH-0453 form ("Michigan School Building Weekly Report of Communicable Disease to Local Health Department," formerly the IP-10 form) reflecting this change is attached. This form, or a LHD-designed equivalent, is used by schools and day-care centers to report diseases weekly to local health departments.

If your department has its own version of this form or other comparable reporting system, please modify it accordingly to accommodate this change prior to the start of the 2005 – 2006 school year.

### Case Investigation

In addition to the changes in chickenpox case reporting from reporters to local health departments (described above), some additional data will be needed from case investigation. Ideally, a chickenpox case investigation form/surveillance worksheet should be completed and the information entered into MDSS. A paper copy of a chickenpox/varicella surveillance worksheet is attached; it is very similar in format to the

MDSS report detail screen that will be available and can be used to gather information for data entry to MDSS.

Recognizing that the numbers of cases still occurring may make detailed case investigations difficult, CDC/MDCH ask that at a minimum 3 pieces of information be obtained on cases:

- age and date of birth
- varicella vaccination history (including date of vaccination, if given)
- number of lesions (“pox marks”), which acts as a measure of disease severity. This can be approximated by 4 descriptive categories, with guidance as follows:
  - o **Less than 50 lesions** – in this case, the lesions can be easily counted within 30 seconds
  - o **50-249 lesions** – in this case, the person’s hand can be placed between the lesions without touching a lesion
  - o **250-499 lesions** – in this case, the person’s hand cannot be placed between the lesions without touching a lesion
  - o **More than 500 lesions** – in this case, the lesions are clumped so closely together that it is difficult to see normal skin.

We expect this minimal case investigation format to be acceptable for 1 or 2 years, after which time complete case investigations for chickenpox will be expected.

### Some additional questions and answers

#### **Do chickenpox cases need to be confirmed by tests to be reported?**

No. A physician should diagnose cases of chickenpox, either by direct exam or by telephone consultation. However, at this time, laboratory tests are not considered necessary for establishing the diagnosis and reporting the case to public health officials.

#### **What are the current school and day-care immunization requirements for varicella?**

Michigan school and day-care entry regulations require one of the following:

- a child 12 months of age or older to have received 1 dose of varicella vaccine (2 doses of any appropriate live varicella vaccine, administered not less than 28 days apart are required if the child received the first dose of vaccine at or after his or her thirteenth birthday), or
- a parent or physician statement that the child has had varicella disease, or
- laboratory evidence of varicella immunity.

#### **2007 addendum**

New national recommendations were adopted by ACIP in 2006 (see MMWR June 22, 2007 / Vol. 56 / No. RR-4 for more details), including:

- ◆ 2 doses of varicella vaccine are now routinely recommended (previously children 12 months – 12 years routinely received 1 dose)
- ◆ for children aged 12 months – 12 years the minimum interval between doses is 3 months
- ◆ for persons aged 13 years or older, the minimum interval between doses is 28 days
- ◆ a 2<sup>nd</sup> dose “catch-up” dose is recommended for children, adolescents, and adults who previously received 1 dose

**What public health actions should be taken when a chickenpox case occurs in a school or day-care?**

- The case should be excluded from school, day-care, and group activities until all lesions have dried and formed a crust or scab.
- A notice should be sent to parents of children in the classroom informing them that chickenpox has been reported, with a reminder that varicella immunity is a requirement for participants and a safe, effective vaccine is available, **and (2007 addendum) that 2 doses of vaccine are now routinely recommended.**
- LHDs may wish to consider, as a disease control measure, identifying non-immune individuals through record-checking and excluding them from attendance until 18 days after the onset of the last case, or until a dose of varicella vaccine is administered or other proof of immunity is provided. While this is not required at this time, it may become so in the future.
- Varicella vaccine is recommended for use in susceptible persons after exposure to varicella. It is 70-100% effective if given within 72 hours of exposure, but is not recommended more than 5 days after exposure.

**What else is important to know about chickenpox prevention and control?**

- Complications of chickenpox, which can include skin infections, pneumonia, hospitalization, and death, are more common in adolescents and adults. Therefore, it is very important to immunize susceptible persons before they reach adolescence or adulthood.
- Deaths due to varicella warrant additional investigation and should be reported to MDCH (Immunization Division) as soon as possible.
- Herpes zoster (shingles) is not a reportable disease.