



Utah Infectious Disease Update

January 29, 2016

1) Utah Varicella Surveillance Data

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1) Utah Varicella Surveillance Data

Varicella (chickenpox) is a highly contagious disease and is reportable in Utah within three working days after identification. In 2015, 210 chickenpox cases were reported in Utah. Three clusters of three cases or more and one outbreak with 23 cases were identified.

The Utah Communicable Disease rule (<http://www.rules.utah.gov/publicat/code/r386/r386-702.htm>) requires that physicians, laboratories, pharmacists, childcare facilities, schools, home health agencies, hospitals, etc. report known or suspected cases of selected communicable diseases, including varicella, to public health. Utah citizens can also report any relevant information regarding these communicable diseases.

The Utah Department of Health (UDOH) conducts varicella surveillance data on all varicella cases reported. These varicella surveillance data are needed to:

- document and monitor the impact of the varicella vaccination program on varicella incidence, morbidity, and mortality
- evaluate the effectiveness of prevention strategies, and
- evaluate vaccine effectiveness under conditions of routine use.

Everyone is a potential varicella reporter in Utah. If you suspect a person is infected with varicella, please report to your local public health department or the UDOH at 1-888-EPI-UTAH.

Currently the UDOH is conducting an assessment to improve Utah varicella case and outbreak reporting. Your input is valuable for improving this process. [Please click here to complete a brief five minute survey. The survey will be available until February 12, 2016.](#)

Varicella information

Chickenpox is an acute infectious disease caused by varicella-zoster virus (VZV) resulting from primary infection. After primary infection VZV remains in the body as a latent infection. Reactivation of latent infection causes shingles (herpes zoster).

The incubation period for varicella is 14 to 16 days (range 10-21 days) after exposure to a person with varicella or herpes zoster. Adults, who are at greater risk of severe complications, may present with a mild prodrome of fever and malaise 1 to 2 days prior to rash onset. In children, rash is often the first sign of disease. Clinical features of chickenpox include a generalized pruritic-vesicular rash, malaise, and a fever up to 102°F.

Varicella is vaccine-preventable with a two-dose series. The Advisory Committee of Immunization Practices (ACIP) recommends children receive one dose of a varicella vaccine between the age of 12 and 15 months followed by a second dose between the age of 4 and 6 years. Unvaccinated adults and adults without evidence of previous infection should receive two doses of varicella containing vaccine at least four weeks apart from each other. A single dose zoster vaccine is available for adults to prevent shingles. The ACIP recommends this vaccine at age 60 years or older.

Vaccination is the best protection against varicella. Two doses of the vaccine are approximately 98% effective at preventing chickenpox. However, varicella in vaccinated persons or “breakthrough varicella” may occur. Breakthrough varicella typically results in a mild illness with low or no fever and less than 50 skin lesions.

Varicella (chickenpox) is reportable in Utah within three working days after identification.

2) Zika Virus Infection and Pregnancy

CDC has developed interim guidelines for healthcare providers in the United States caring for women during a Zika virus outbreak. These guidelines include recommendations for pregnant women considering travel to an area with Zika virus transmission and recommendations for screening, testing, and management of returning pregnant travelers. These guidelines will be updated as more information becomes available. Read the guidelines at <http://www.cdc.gov/mmwr/volumes/65/wr/mm6502e1.htm>.

See the attachments for information on pregnant women and Zika virus infection and instructions for submitting diagnostic specimens for testing.

For comprehensive information regarding the Zika Virus, please go to CDC Zika at <http://www.cdc.gov/zika/index.html>

Unusual diseases or outbreaks of any kind are immediately reportable.

3) Dialysis Providers Urged to Assess Infection Control Practices to Stop Hepatitis C Transmission in Hemodialysis Patients

The Centers for Disease Control and Prevention (CDC) has received an increased number of reports of newly acquired hepatitis C virus (HCV) infection among patients undergoing hemodialysis. Infection control lapses in dialysis care could expose patients to HCV. Any case of new HCV infection in a patient undergoing hemodialysis should prompt immediate action. CDC is urging dialysis providers and facilities to:

- Assess current infection control practices and environmental cleaning and disinfection practices within the facility to ensure adherence to infection control standards;
- Address any gaps identified by the assessments;
- Screen patients for HCV, following CDC guidelines, to detect infections, determine treatment potential, and halt secondary transmission; and
- Promptly report all acute HCV infections to the state or local health department.

Read the entire Health Alert at <http://emergency.cdc.gov/han/han00386.asp>.

Hepatitis C is a reportable disease in Utah and should be reported within three working days after identification.