

**FOR IMMEDIATE RELEASE 10/02/2018**

TO:

Grant County Healthcare Providers  
School Nurses  
Grant County Emergency Management**FOR INFORMATION CONTACT**Jill McCullough, RN, Public Health Nurse  
509-766-7960 Ext. 25

## **Update- Varicella Outbreak in Moses Lake**

Moses Lake, WA – Grant County Health Officer, Dr. Alexander Brzezny, issues an alert to update all healthcare providers about the varicella outbreak in Moses Lake. As of today, there are 8 known schools affected with a total of 24 cases of varicella reported: Park Orchard Elementary, North Elementary, Longview Elementary, Larson Heights Elementary, Midway Elementary, Frontier Middle School, Chief Moses Middle School, and Moses Lake High School. There have also been exposures at Big Bend Cooperative Pre-School and The Source of Life Church. GCHD is continuing to collaborate with Moses Lake School District to send home “[possible exposure letters](#)” to all affected schools. Schools with five or more cases of varicella have been issued “[exclusion letters](#)” directed to individuals without evidence of immunity. Big Bend Cooperative Pre-School and The Source of Life Church have also received “possible exposure letters”.

There is an increased risk for transmission of varicella in Grant County, especially in schools. It is imperative that all healthcare providers remain vigilant for other possible varicella cases in the community. GCHD is asking providers to test those suspected of varicella using approved methods and provide proper exclusion information to suspect cases. To help GCHD stop the outbreak and protect the vulnerable, it is important to communicate information regarding any varicella cases whether confirmed or not back to GCHD.

**To assist GCHD in controlling the outbreak of varicella we are requesting the following:**

- **Outbreaks of varicella are notifiable to GCHD. At present, please call GCHD with any reports of “suspected” varicella, even when there was no physician or nurse visit (phone reports, parent reports, etc.)**
- **If feasible, arrange for a physician diagnosis of the disease (without or with laboratory performed); laboratory confirmation is encouraged**
- **Confirm disease or immunity by laboratory studies; laboratory evidence of immunity by varicella IgG; positive varicella IgM is not a validated method of diagnosis but could be used when no other method available**
- **Strongly recommend varicella vaccine to those without evidence of immunity, especially within 3-5 days after exposure, when it can prevent the disease**
- **Please, report information on any new varicella cases back to GCHD**
  - **Call with labs reports, community member phone calls, “suspected” and probable cases**



### **Additional Actions Requested**

- Maintain vigilance for possible varicella cases, particularly in patients with a rash or fluid-filled blisters.
- Evaluate any possible cases and test using approved methods. Lab confirmed cases will assist GCHD in their investigation and ability to control an outbreak.
  - Most sensitive method: PCR testing of vesicular lesions
  - Click [here for more information from CDC on testing methods, collection and sensitivity](#)
- Ensure evidence of immunity for your healthcare staff and patients and offer immediate vaccination if needed:
  1. Documentation of age-appropriate varicella vaccination (12 months-3 years old- 1 dose; School-age children, adolescents and adults- 2 doses)
  2. Laboratory evidence of immunity or disease
  3. Birth in the U.S. before 1980 (not to be used for healthcare personnel, pregnant women and immunocompromised persons)
  4. Diagnosis or verification of a history of varicella or herpes zoster by a provider
- Review your vaccine inventory and order appropriately.
- Please report suspected cases to GCHD at (509) 766-7960 for investigation and coordination of laboratory testing.

### **Exclusion**

All symptomatic close contacts should be excluded from school, workplace, child care and any other public settings until they have been evaluated for possible varicella. Varicella is contagious for 2 days before the rash even shows up. Children should not return to school or childcare until all blisters have scabbed over; this can take several days up to a week (usual range is 4-7 days after rash onset). They should also be free of fever before returning to school. Some children who have had only one dose of vaccine may still get a rash when exposed to chickenpox; their illness is shorter and milder, but they can still infect others. Patients with contraindications to varicella vaccine, especially those immunocompromised and pregnant, should be excluded or contact their physicians for instructions if any suspicion of exposure.

### **Varicella information for Healthcare Providers:**

- [Vaccine and Preventable Diseases \(Varicella\)](#) | CDC
- [Surveillance of Vaccine-Preventable Diseases- Varicella](#) | CDC
- [Varicella Information for Health Providers](#) | CDC

Consultations  
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