Fairfax County Health Department

Provider News

Autumn 2018, Volume 1 Issue 3

A Newsletter for Healthcare Providers in Fairfax County, Virginia

Varicella on the Rise

In Fairfax County, varicella incidence declined since the implementation of the two-dose immunization schedule in 2009, with incidence reaching a nadir in 2015 of 49 reported cases. However, the last few years has seen an increase in case reports, with 74 and 69 cases reported in 2016 and 2017, respectively. This year, 54 cases were reported through the first three quarters to the Fairfax County Health Department (FCHD), forecasting another year of increased varicella incidence.

Breakthrough chickenpox among vaccinated individuals comprises the majority of cases and may have a modified presentation. Of the 60 Fairfax Health District 2017 cases with known vaccination status, 50% were fully vaccinated (age appropriate) and 62.5% had at least one dose of vaccine. In a modified presentation, rash is typically mild, with <50 lesions and is more likely to be predominantly maculopapular than vesicular. Fever is less common and duration of illness is shorter. Nevertheless, breakthrough varicella is infectious and appropriate infection control recommendations should be implemented.

FCHD recommends the following measures for suspect varicella cases:

- Immediately triage the patient and do not allow the patient to remain in your waiting area;
- Place a surgical mask on the patient as soon as possible and place the masked patient in a private, negative pressure room if available, or a room with a closed door;
- Use standard and airborne precautions, if possible;
- Only health care workers with documented immunity to varicella should work with the patient;
- Contact the Health Department's Communicable Disease/Epidemiology Unit at 703-246-2433 to report the suspected case and for further infection control and prophylaxis guidance.

To limit varicella transmission, healthcare facilities should document that all healthcare providers have evidence of immunity. Evidence of varicella immunity in healthcare providers requires one of the following:

- Written documentation of vaccination with 2 doses of appropriately timed varicella vaccine;
- Laboratory evidence of immunity (positive IgG titer) or laboratory confirmation of disease;
- Diagnosis or verification of a history of varicella disease by a healthcare provider; or
- Diagnosis or verification of a history of herpes zoster by a healthcare provider.

Health Alerts

Health Alerts and Advisories inform clinicians of outbreaks, incidents of public health importance and emerging health threats that directly impact our community. No other source directly provides you the public health information that you need to know. Please add your e-mail (or fax number) here to join your colleagues in the Fairfax Health Alert Network.

Health Alert/ Advisory Web Link	Subject	Date Sent
CDC Health Alert Network	RSS Feed of all CDC Health Alerts	N/A
2018-07	2018 American Academy of Pediatrics (AAP) RED BOOK - Updated Recommendations for Pediatric Tuberculosis Testing, LTBI Treatment and Rifampin Dosing	7/5/2018
2018-09	Fairfax County Health Department Press Release About First Reported Human Case of West Nile Virus	8/3/2018
2018-10	Advice to Clinicians about Leptospirosis in U.S. Travelers Returning from Northern Israel	9/10/2018

A publication of the Fairfax County Health Department, Fairfax County, Va. Dec. 2018. To request this information in an alternate format, call 703-246-2411; TTY 711; www.fairfaxcounty.gov/health

Improving Influenza Vaccination Rates at Your Facility

The 2018-2019 influenza season is here and vaccinations of healthcare professionals (HCP*) should be well underway. Although influenza vaccination rates amongst HCP have improved the past ten years (estimated 79% nationally during 2016-2017 season), overall rates still fall well short of the Healthy People 2020 goal of greater than 90% vaccinated. Implementing comprehensive evidence-based worksite intervention strategies is important to ensure HCP and patients are protected against influenza.

The Joint Commission compiled systematic strategies to optimize the HCP influenza vaccination rate for your facility or agency. Some highlighted strategies include:

- Improving access to vaccination (e.g., offering vaccination at work and during work hours on all three shifts and utilizing a mobile cart to deliver vaccine to staff);
- Offering influenza vaccine free of charge for all HCP employed by or affiliated with your facility or agency;
- Providing incentives for vaccination or prizes for units or floors with highest rates of vaccination;
- Requiring personnel not wishing to be vaccinated to sign declination forms to acknowledge they have been educated about the benefits and risks of vaccination.
- Mandating that all HCP at your facility or agency receive the influenza vaccine as a condition of employment unless they have a medical contraindication to vaccination.

DID YOU KNOW?

*HCPs are not just limited to those directly involved in patient care like physicians and nurses, but include all employees who are within 6 feet of patients in your healthcare facility (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers).

By occupation, flu vaccination coverage (2014-2015 influenza season) was highest among pharmacists (86.7%), nurse practitioners/physician assistants (85.8%), physicians (82.2%), nurses (81.4%), and other clinical professionals (72.0%). **Flu vaccination coverage was lowest among administrative and non-clinical support staff (59.1%) and assistants or aides (46.6%).**

Communicable Disease Case Surveillance

Healthcare providers practicing in Virginia, by law, must report diagnoses or suspected diagnoses of the infections, diseases, and conditions specified on the Virginia Reportable Disease List. When a person is reported with a confirmed or suspected reportable disease, FCHD staff will, as appropriate:

- Review records and interview the patient to identify risk factors for infection and detect potential outbreaks.
- Provide infection control guidance to clinicians, facilities, and infected individuals.
- Identify exposed individuals and provide guidance regarding disease prevention, including recommendations for the administration of prophylaxis.

What do we expect to see more cases of in the upcoming quarter?

Fairfax Health District reportable disease cases with the highest likelihood of increase in cases from Quarter 2 (April-June) to the Quarter 3 (July-September) for diseases with case counts greater than five.

Condition	*Increase in cases from Quarter 3 to Quarter 4	^ Average cases - Quarter 4
Streptococcus, Group A invasive	133.3%	7.0
Haemophilus influenzae, invasive	71.4%	4.8
Pertussis	17.6%	8
Varicella (Chickenpox)	14.6%	20.4

*Percentage increase in cases from Quarter 2 to Quarter 3 (five- year average 2013-2017)
^Fairfax Health District five-year average of cases reported (2013-2017) Quarter 4

Reported Disease Outbreaks

Disease outbreaks are defined as clusters of an illness that occur in a similar time or place, with case numbers above expected for a specified population or location (e.g., school, hospital, or other facility) or in the community. For some infections, even a single case (e.g., measles) constitutes an outbreak. For others, two cases of the same organism linked by exposure to a common procedure or medical device would meet an outbreak definition. Outbreak reporting enables the Health Department to contribute its expertise in preventing further cases and take action, if needed, to protect the public. Reporting also is mandated by Virginia law. Outbreaks are not limited to diseases on the reportable disease list and suspected outbreaks of any disease should be reported to FCHD.

Reported Fairfax Health District Outbreaks by Causative Agent, 2018

Causative Agent	July-Sept 2018 Outbreaks
Salmonellosis	1
Norovirus	4
Varicella	1
Hand, Foot and Mouth Disease *(clinically diagnosed)*	2
Suspected Enterovirus *(Hand Foot & Mouth Disease)*	1
Total	**9**
2018 YTD Outbreaks (Jan. 1 - Sept. 30, 2018)	**49**

Fairfax County Health Department Communicable Disease/EPI
Main: 703-246-2433, TTY 711
FAX: 703-653-1347
Disease reporting after hours: 703-409-8449
Email: HDCD@fairfaxcounty.gov
www.fairfaxcounty.gov/health

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