WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health

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Chickenpox and the Varicella Vaccine (Part II)

Recommendations of SAGE Working Group on Varicella and Herpes zoster Vaccines for General Population

Countries where varicella is an important public health and socio- economic burden should assess the adequacy of resources to implement varicella vaccination in a routine childhood immunization schedule.

Countries in which coverage levels reach between 20%-80% from vaccination in the private sector, should consider implementing a routine vaccination programme to reach the coverage ≥80% as the incidence of disease which occurs in adults would otherwise increase.

Dosage is dependent on the goal of the programme:

- One-dose schedule: To reduce mortality and severe morbidity from varicella.
- Two-dose schedule: In addition to decrease mortality and severe morbidity, to further reduce the number of cases and outbreaks which might continue to occur with a one-dose schedule.

Countries with a high average age (≥15 years) of infection should consideration alternate vaccination strategies such as vaccination of susceptible adolescents and adults.

Recommendations for Immunocompromised Patients

- Varicella vaccine is usually contraindicated in persons with congenital or acquired immune deficiencies. However, it has been used in selected immuno-compromised populations because of the risk of severe vaccine-related complications.
- Use of the vaccine in these specific populations should only be considered in health care settings where specific antiviral therapy is readily available and physicians have expertise with the vaccine in these populations.

Recommendations for Immunocompromised patients

Patients with HIV

- Use of the vaccine (2 doses administered 3 months apart) should be considered in clinically stable HIV-infected children including those receiving highly active antiretroviral therapy (HAART) with CD4 determinations ≥15%.
- The vaccine has not been studied in individuals with CD4 <15% or in those who are not clinically and immunologically stable and should not be used in these situations.

Patients with Malignancies

- In general children who have successfully completed chemotherapy and remain in remission can receive the vaccine approximately 3-6 months after all chemotherapy is completed.
- Protocols defining timing of vaccination in terms of time in remission on maintenance chemotherapy, when to interrupt that chemotherapy (including corticosteroids) before and after vaccination and minimal acceptable lymphocyte and platelet counts at the time of vaccination should be followed.

Patients with other Types of Immunodeficiencies

- Varicella vaccine can be safely given to subjects with isolated defects in antibody production (i.e. hypo- or agammaglobulinemia).
- It should not be given to those with conditions where defects in antibody production are part of an immunodeficiency condition that includes defects in cellular immunity (i.e. severe combined immunodeficiency, etc.) or on any condition characterized by defects in cellular immuno-

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deficiency, except as described previously for HIV, ALL and certain solid tumors.

Recommendations for Household Contacts of Immuno-compromised Patients

- Varicella vaccine can be safely used in household contacts of immunocompromised patients given the risk of transmission from a vaccinated person to the patient or their household contacts are very low.
- Household contacts of immunocompromised patients should be considered for vaccination.
- Two doses are recommended for household contacts of immunocompromised persons for higher effectiveness even if the country has a routine one dose childhood programme.

Recommendations for Pregnant Women

- Varicella vaccine is contraindicated during pregnancy and pregnancy should be delayed for 4 weeks after vaccination.
- Routine laboratory documentation of pregnancy status prior to vaccination is not recommended.
- Termination of pregnancy is not recommended for pregnant woman who are inadvertently vaccinated.
- Given implementation of varicella vaccination in the routine programme, efforts should be made to counsel and vaccinate susceptible women post-partum in order to prevent infections during subsequent pregnancies.

Recommendations for Health Care Workers (HCWs)

- In view of a higher risk of exposure and consequently transmission of the varicella-zoster virus to patients at high risk for serious complications, countries should consider vaccination of susceptible HCWs with two doses of varicella vaccine even in the absence of varicella vaccination in the routine immunization schedule.
- Where financial constraints prohibit vaccination of all susceptible HCWs, priority should be given to vaccination of HCWs in close contact with persons at high risk of serious varicella complications such as immunocompromised individuals, neonates and pregnant women.

Contraindications for the Vaccine

People with contraindications for varicella vaccine should not receive the vaccine, including

- Who has a history of anaphylactic/anaphylactoid reaction to gelatin, neomycin or any other component of the vaccine
- Who has blood dyscrasias, leukemia, lymphomas, or malignant neoplasms affecting bone marrow or lymphatic system
- Who is receiving prolonged, high-dose systemic immunosuppressive therapy (≥2 weeks), including large doses of oral steroids (≥2mg/kg of body weight or a total of 20mg/day of prednisone or its equivalent for people who weigh >10kg)
- Who has a moderate or severe concurrent illness
- Who has received blood products (such as whole blood, plasma, or immunoglobulin) during the previous 3 to 11 months, depending on dosage
- Who has a family history (first degree relatives) of congenital hereditary immunodeficiency, unless the person is immuno-competent
- Who is or may be pregnant

Sources

- About Chicken Pox at CDC available from http://www.cdc.gov/chickenpox/about/index.html

- SAGE Working Group on Varicella and Herpes Zoster Vaccines , Conclusions and Recommendations available from http://www.who.int/immunization/sage/meetings/2014/april/4_SAGE_April_VZV_Abramson_Recommendations.pdf

- Varicella vaccine at WHO available from http://archives.who.int/vaccines/en/varicella.shtml

Compiled by Dr. H. A. Shanika Rasanjalee of the Epidemiology Unit

Table 1 : Water Quality Surveillance
Number of microbiological water samples - February/ 2014

District	MOH areas	No: Expected *	No: Received
Colombo	12	72	59
Gampaha	15	90	73
Kalutara	12	72	43
Kalutara NIHS	2	12	18
Kandy	23	138	10
Matale	12	72	30
Nuwara Eliya	13	78	65
Galle	19	114	69
Matara	17	102	44
Hambantota	12	72	NR
Jaffna	11	66	109
Kilinochchi	4	24	33
Manner	5	30	49
Vavuniya	4	24	34
Mullatvu	4	24	15
Batticaloa	14	84	3
Ampara	7	42	22
Trincomalee	11	66	48
Kurunegala	23	138	26
Puttalam	9	54	NR
Anuradhapura	19	114	29
Polonnaruwa	7	42	NR
Badulla	15	90	54
Moneragala	11	66	85
Rathnapura	18	108	63
Kegalle	11	66	30
Kalmunai	13	78	0

* No of samples expected (6 / MOH area / Month)
NR = Return not received

Table 2: Selected notifiable diseases reported by Medical Officers of Health 08th – 14th March 2014 (11th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmania-sis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	69	2181	1	30	2	4	2	23	0	142	2	25	0	0	0	7	0	0	4	107	1	12	0	3	**56**	**44**
Gampaha	34	984	3	46	1	3	1	14	2	9	7	60	0	4	1	24	0	2	6	126	1	19	0	2	**93**	**7**
Kalutara	23	493	4	35	1	3	0	13	0	41	7	81	0	0	0	5	0	0	7	75	0	19	0	0	**92**	**8**
Kandy	13	151	4	33	0	1	0	4	1	1	0	8	2	18	7	28	0	0	12	61	0	9	0	1	**96**	**4**
Matale	3	71	0	19	0	1	2	5	1	1	0	12	0	2	1	28	0	0	2	10	0	3	1	4	**69**	**31**
NuwaraEliya	2	42	4	15	0	1	0	8	0	6	0	0	2	20	1	9	0	0	10	33	1	5	0	0	**92**	**8**
Galle	12	194	3	23	0	3	0	0	0	3	0	40	2	18	0	0	0	0	12	78	1	15	0	2	**60**	**40**
Hambantota	3	80	0	11	0	3	0	6	0	0	3	30	4	32	1	5	0	0	3	53	1	14	7	71	**100**	**0**
Matara	1	88	1	19	0	1	0	17	0	5	3	18	0	18	3	10	0	0	15	67	0	17	1	20	**100**	**0**
Jaffna	12	271	14	117	1	3	3	68	2	27	0	4	6	204	0	5	0	0	6	42	0	10	0	0	**92**	**8**
Kilinochchi	0	19	1	47	0	1	0	8	0	0	0	0	0	11	0	0	0	0	0	2	0	3	0	4	**50**	**50**
Mannar	0	3	0	10	0	7	0	19	0	0	1	4	1	16	0	1	0	0	0	1	0	1	0	1	**100**	**0**
Vavuniya	1	21	0	14	0	0	0	2	0	3	0	3	0	3	0	0	0	0	0	4	0	2	0	0	**50**	**50**
Mullaitivu	3	36	0	12	0	0	0	6	0	7	0	6	0	3	0	0	0	0	0	2	0	3	0	4	**20**	**80**
Batticaloa	24	156	3	75	0	1	0	14	0	11	0	3	0	1	0	4	0	0	1	12	0	1	0	0	**71**	**29**
Ampara	2	40	2	19	0	0	0	0	0	4	1	8	2	7	0	1	0	1	3	28	0	2	0	2	**57**	**43**
Trincomalee	8	122	0	8	0	1	0	0	0	0	1	5	0	5	0	0	0	0	6	20	0	1	0	0	**83**	**17**
Kurunegala	14	296	2	20	0	9	0	7	0	2	1	31	0	27	0	6	0	0	7	109	2	20	2	41	**59**	**41**
Puttalam	3	146	3	11	0	0	0	2	0	9	1	38	0	16	0	1	0	0	2	31	0	1	0	1	**62**	**38**
Anuradhapura	4	124	4	35	0	0	0	0	0	2	1	28	0	20	0	1	0	0	5	69	0	17	9	87	**58**	**42**
Polonnaruwa	0	60	0	10	0	1	0	0	0	0	0	8	0	0	0	1	0	0	0	17	0	1	0	15	**0**	**100**
Badulla	2	117	3	27	0	2	0	1	0	2	1	13	1	17	0	11	0	0	0	24	1	19	0	0	**71**	**29**
Monaragala	8	58	2	21	1	1	0	2	0	27	3	30	1	31	2	35	0	0	5	27	1	6	3	5	**91**	**9**
Ratnapura	9	156	2	47	0	7	1	5	0	5	0	67	0	29	6	94	0	0	2	46	1	8	0	8	**50**	**50**
Kegalle	8	164	3	34	0	2	0	9	0	2	7	40	2	17	1	21	0	0	4	73	0	16	0	1	**73**	**27**
Kalmune	6	31	1	35	0	0	0	3	0	8	0	1	0	0	0	0	0	0	4	38	0	1	0	0	**62**	**38**
SRILANKA	**264**	**6104**	**60**	**809**	**6**	**55**	**9**	**236**	**6**	**317**	**39**	**563**	**23**	**519**	**23**	**297**	**0**	**3**	**116**	**1155**	**10**	**225**	**23**	**272**	**72**	**28**

Source: Weekly Returns of Communicable Diseases (WRCD).

***T=**Timeliness refers to returns received on or before 14th March , 2014 Total number of reporting units 337. Number of reporting units data provided for the current week:246 C** Completeness

Table 3: Vaccine-Preventable Diseases & AFP 08th – 14th March 2014 (11thWeek)

Disease	No. of Cases by Province									Number of cases during current week in 2014	Number of cases during same week in 2013	Total number of cases to date in 2014	Total number of cases to date in 2013	Difference between the number of cases to date in 2014 & 2013
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	01	00	01	00	00	00	02	01	19	11	+42.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Mumps	00	02	01	03	02	02	01	01	01	13	26	181	323	-44.0%
Measles	28	03	14	00	02	08	05	02	02	64	17	1018	88	+1056.8%
Rubella	00	01	00	00	01	00	00	01	00	03	-	04	-	%
CRS**	01	00	00	00	00	00	00	00	00	01	-	02	-	%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	04	06	-33.3%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	-	00	-	%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	-	16	-	%
Whooping Cough	01	00	00	00	00	00	00	00	00	01	00	12	18	-33.3%
Tuberculosis	73	01	27	14	22	10	00	07	18	172	155	2358	1909	+23.5%

Key to Table 1 ,2 & 3

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS =**Congenital Rubella Syndrome

AFP and all clinically confirmed Vaccine Preventable Diseases except Tuberculosis and Mumps should be investigated by the MOH

Influenza Surveillance in Sentinel Hospitals - ILI & SARI								
Month	Human					Animal		
	No Received	ILI	SARI	Infl A	Infl B	Pooled samples	Serum Samples	Positives
February	4589	257	31	8	0	219	145	0

Source: Medical Research Institute & Veterinary Research Institute

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ON STATE SERVICE

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