

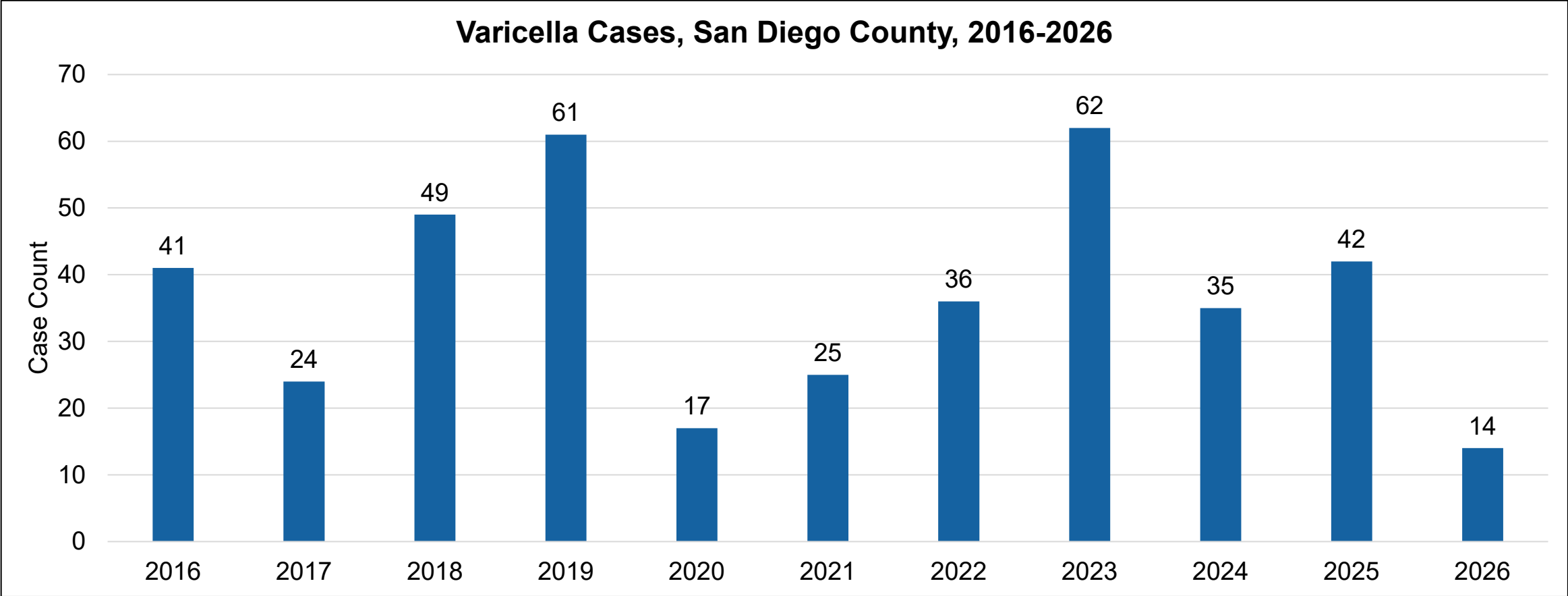


Varicella and Measles Updates

Vaccine Preventable Disease Program (VPD)
Epidemiology and Immunization Services Branch

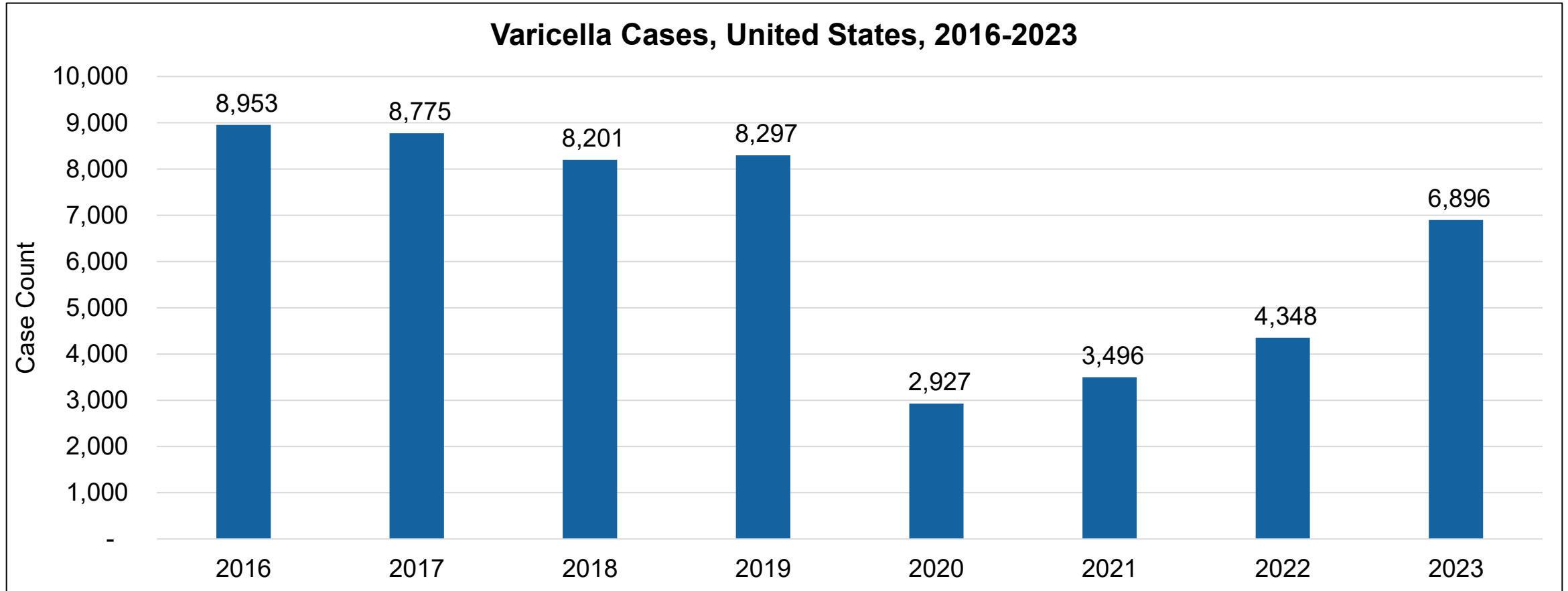
APIC Meeting
May 13, 2026

Varicella Data – San Diego



* 2026 data are year to date; current as of 05/11/26. Case counts are provisional and subject to change as additional information becomes available. Cases are grouped into calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P = Confirmed, Probable) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria. Prepared by County of San Diego, Health & Human Services Agency, Public Health Services, EISB.

Varicella Data – U.S.



Centers for Disease Control and Prevention. National Notifiable Diseases Surveillance System (NNDSS) Annual Summary Data for years 2016-2023, United States, CDC WONDER online database. Accessed at <http://wonder.cdc.gov/nndss-annual-summary.html> on May 11, 2026.

Varicella Disease Overview – Clinical Features

SYMPTOMS

- Rash
 - Generalized
 - Maculo-papulovesicular (blister-like)
 - Pruritic (itchy)
- 250-500 lesions
- Fever
- Malaise



Adolescent female with varicella lesions in various stages. Unvaccinated



Child with varicella lesions on the palate



Vaccinated child with breakthrough varicella on the back

Breakthrough Varicella



Do You Know What Breakthrough Varicella (Chickenpox) Looks Like?

What is breakthrough varicella?

Breakthrough varicella is an infection with wild-type varicella zoster virus that occurs in a varicella vaccinated person more than 42 days after vaccination.

Varicella in an Unvaccinated Person



- 250–500 lesions
- Mostly vesicular
- Fever
- Illness for 5–7 days

Breakthrough Varicella



- <50 lesions
- Few or no vesicles
- No or low fever
- Shorter duration of illness

How is breakthrough varicella confirmed?

The best method to confirm breakthrough varicella is laboratory PCR testing of skin lesion specimens—scabs, vesicular fluid, or scrapings of maculopapular lesions.
www.cdc.gov/chickenpox/lab-testing/



Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases

Why is breakthrough varicella hard to diagnose?

The rash caused by breakthrough varicella looks similar to other rashes, so it is often difficult to diagnose clinically.

Breakthrough Varicella



Insect Bites



Poison Ivy



Ringworm



Post Exposure Prophylaxis (PEP)



Postexposure prophylaxis (PEP)

Varicella vaccine as PEP may be effective in preventing illness or modifying illness severity if given within 3-5 days after first exposure.

- A second dose of varicella vaccine can be given to patients who have received only one dose and do not have contraindications:
 - Children <13 years of age can receive second dose ≥ 3 months after their first dose.
 - People ≥ 13 years of age can receive second dose ≥ 4 weeks after their first dose.
- Varicella zoster immune globulin (VariZIG) should be administered as soon as possible and within 10 days of first exposure to contacts at high risk of severe varicella infection (see flowchart on page 6).
- Antiviral PEP for healthy exposed, susceptible persons is not routinely recommended, however, acyclovir as PEP may be considered.

State Reporting Requirements



- Persons who were hospitalized or died due to primary varicella (chickenpox) infection.
- Varicella (chickenpox) outbreaks (≥ 3 cases).
- Single, non-hospitalized varicella (chickenpox) cases are **NOT** reportable unless a part of an outbreak.
- Herpes zoster (Shingles) cases are **NOT** reportable, including disseminated herpes zoster cases.

*Note: Varicella cases that are not reportable may come to public health attention because of concerns related to the setting (for example congregate, school, or healthcare setting) or because they are part of an outbreak.

Local Reporting Requirements



- Our system will no longer receive individual lab reports that are positive for VZV.
- All healthcare providers including school nurses, physicians, nurses, infection control practitioners, etc. should report chickenpox outbreaks, hospitalizations, and/or deaths to us.
 - This is required by state law under Title 17, California Code of Regulations.
 - [Title 17, California Code of Regulations \(CCR\) 2500, 2593, 2641.5-2643.20, and 2800-2812 Reportable Diseases and Conditions](#)
 - Providers are required to report by electronic transmission which includes (fax, phone, or mail) within one working day of identification.
 - You can also report to us by sending a completed confidentiality morbidity report form found on our website.

State of California—Health and Human Services Agency

California Department of Public Health

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting all conditions except HIV/AIDS, Tuberculosis, and conditions reportable to DMV.

DISEASE BEING REPORTED		Chickenpox (Varicella)	
Patient Name - Last Name		First Name	MI
Home Address: Number, Street		Apt./Unit No.	
City		State	ZIP Code
Home Telephone Number		Cell Telephone Number	Work Telephone Number
Email Address		Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
Birth Date (mm/dd/yyyy)	Age	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days	
Current Gender Identity (check one)		Sex Assigned at Birth (check one)	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans male/transman <input type="checkbox"/> Trans female/transwoman		<input type="checkbox"/> Genderqueer or non-binary <input type="checkbox"/> Identity not listed (specify) _____ <input type="checkbox"/> Declined to answer	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to answer		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to answer	
Ethnicity (check one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown			
Race (check all that apply) <input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian (check all that apply) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hmong <input type="checkbox"/> Thai <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian <input type="checkbox"/> Pacific Islander (check all that apply) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> White <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown			

IZ PHN Line: 866-358-2966 option 5

You will need to leave a message with your direct phone number, and a nurse will return your call.

Email: PHS-IZPHN.HHSA@sdcounty.ca.gov

Fax: 619-692-5677

Measles Preparedness Checklist



Measles Preparedness Checklist for Acute Care Facilities

This checklist is intended to be used as a guide for acute care facilities to prepare staff and their facility prior to having a measles case.

Staff and Personnel

Ensure all healthcare personnel have 2 documented doses of MMR vaccine or a positive measles (rubeola) IgG titer test on file.

Ensure any non-healthcare staff including janitorial, security, administration, volunteers, etc. also have documented immunity of 2 doses of MMR or a positive measles (rubeola) IgG titer.

Work with occupational health to offer titer testing and/or vaccination to any staff with no documented immunity and develop an internal contact tracing plan. If any vaccinations are administered by your organization, please ensure that you enter the information into the California Immunization Registry (CAIR2). Have a list readily available for any staff that don't have immunity if an exposure does occur.



Create a way to track all EMS/police/firefighters/vendors/contracted providers coming into and out of your facility, as well as which company/organization they work for, when they arrived, and when they left the facility.

Verify that frontline staff have been properly fit tested for a respirator when hired and conduct testing annually or in alignment with your written respiratory protection program.

Training

Identify staff that can utilize the California Immunization Registry (CAIR) to search vaccination records to identify patients that have documented immunity, and flag those that may need PEP/titers.

Review proper personal protective equipment (PPE) practices for staff that may be taking care of the suspect measles case.

Ensure frontline healthcare staff (as well as check-in/triage staff) are trained to know the signs and symptoms of measles, as well as risks of exposure such as recent international travel, travel to an area with a current outbreak of measles, or a known exposure to measles. Consider creating a triage checklist for staff to use.

BE READY FOR MEASLES

Consider measles in patients presenting with febrile rash illness and clinically compatible symptoms (cough, coryza, and conjunctivitis).



Ask patients about recent travel internationally or to areas with an ongoing measles outbreak, as well as their recent contacts.



04/2026

■ Measles Assessment Tool (MAT) for Infection Control in Healthcare Settings

■ Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings | Infection Control | CDC

■ Measles (Rubeola) - County of San Diego

■ Measles Healthcare Exposure Investigation

Quicksheet

Immunization PHN Line



IZ PHN Line: 866-358-2966 option 5

Afterhours & Weekends: 858-565-5255

(Ask to be directed to the Immunization Unit)

Email: PHS-IZPHN.HHSA@sdcounty.ca.gov

Website: www.sdiz.org



Our team sends a quarterly newsletter with different VPD information/testing information.

Please email us if you would like to receive the newsletter.

Resources



California Department of Public Health. (2025). Varicella Investigation Quicksheet. Retrieved from <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Varicella-Quicksheet.pdf>

California Department of Public Health. (2025). Zoster (Shingles) Investigation Quicksheet. Retrieved from <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Zoster-Quicksheet.pdf>

California Department of Public Health. (2025). Varicella (Chickenpox). Retrieved from <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/Varicella.aspx>

Centers for Disease Control and Prevention. (2024). Chickenpox (Varicella). Retrieved from <https://www.cdc.gov/chickenpox/index.html>

Centers for Disease Control and Prevention. (2024). Shingles (Herpes Zoster). Retrieved from <https://www.cdc.gov/shingles/index.html>