

Appendix A.
=Varicella OUTBREAK Enhanced Data Collection

OMB Approved
 Control No. 0920-1335
 Exp. XX/XX/20XX

Ship: _____

Voyage #: _____

(At least 3 varicella cases on this ship have been reported to CDC Port Health Stations, with each case occurring within 42 days of one another. For this varicella outbreak, please enter information applicable to *all* cases below.)

Isolation Practices*: Were all persons with suspected varicella isolated* appropriately?	Choose an item.
Treatment†: How many persons with suspected varicella were treated with antiviral (acyclovir) treatment†?	
Contacts‡‡: How many total contacts‡ were identified (i.e., for <i>all</i> cases)?	
----- Of the total contacts, how many susceptible contacts were identified?	
----- Of the susceptible contacts, how many high risk [§] contacts were identified?	
Prophylaxis**: How many susceptible contacts were provided with varicella vaccination?	
----- How many high risk [§] susceptible contacts were provided varicella-zoster immune globulin (VZIG)?	
Notifications: Were varicella notifications sent out to crew/passengers?	Crew: Choose an item. Passengers: Choose an item.

* Persons with suspected varicella should remain isolated in their cabins or quarters until all lesions have crusted over or no new lesions appear within a 24-hour period (usually 4–7 days after rash onset).

† Antiviral (acyclovir) treatment is recommended for people who develop varicella and are >12 years old or others at high-risk for complications.

‡ Cruise ship & ferry boat contacts: are considered to be a person who has had ≥5 minutes of face-to-face contact with a varicella case during the infectious period, from 1 to 2 days before rash onset until lesions are crusted (generally 4–7 days after rash onset) or direct contact with the fluid from skin lesions of patients with varicella or herpes zoster.

‡‡ Non-cruise ship contacts: are considered to be all persons aboard the ship during the infectious period, from 1 to 2 days before rash onset until lesions are crusted (generally 4 to 7 days after rash onset), due to the close living and working conditions of non-cruise ships.

|| Susceptible contacts include those *without* any of the following: documentation of receipt of two doses of varicella-containing vaccine; serologic evidence of immunity or confirmed disease; birth in the United States before 1980; a history or diagnosis of varicella or herpes zoster verified by a health-care provider or the cruise ship clinician based on the patient’s description of the illness.

§ High risk susceptible contacts include those who are pregnant, immunocompromised with HIV infection, with a malignant condition affecting the bone marrow or lymphatic systems, or persons taking oral steroids or other immunosuppressant medications

** A dose of **varicella vaccine** should be administered within **3–5 days of exposure** to all **susceptible contacts** who lack evidence of immunity except those who are pregnant or immunocompromised. A second dose should be given at the ACIP recommended intervals: at least 3 months for people <13 years OR at least 4 weeks for people >13 years. Only single-antigen varicella vaccine may be used for vaccination of people in this age group. Vaccination is still recommended beyond 5 days to prevent infection from future exposures and further spread of disease. **Contacts** with written documentation of receipt of one dose of varicella vaccine may be vaccinated with a second dose, except those who are pregnant or immunocompromised if the time interval between doses is appropriate, per ACIP-recommended intervals. **High-risk susceptible contacts** for whom

varicella vaccine is contraindicated (i.e., pregnant women or immunocompromised persons) should be evaluated for administration of **varicella zoster immune globulin** (VZIG). VZIG should be administered as soon as possible but may be effective if administered as late as 10 days after exposure.

Public reporting burden of this collection of information is estimated to average **30 minutes** per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-**1335**.