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INTRODUCTION

Varicellazoster(VZ)isahighlycontagioussystemicdis ease caused

- by varicella zoster virus (VZV)
- Humans is the only reservoir.
- Self-limiting exanthematous disease in children followed by lifelong immunity
- VZ causes a severe disease in adolescents, adults, neonates,
- infants, and critically ill and immunocompromised patients
- The Mortality is 1 in 60,000
- Attack rate-65%-87% household settings,80% in hospital.
- Outbreaks in critical areas of hospitals are difficult to control

RESULTS

- Military nursing stu dents, healthcare staff, patients, and visitors
- VZ outbreaks were established on the criteria of > 5 patients
- incubation period of 10- 21 days af ter the occurrence of VZ in the patient
- Diagnosis in fresh patients was based on clinical defini tions of an illness
- Recovery from VZ infection was considered after an afebrile period of 48 hours and scabbing of VZ rashes
- A total of 114 nursing students were evaluated
- A guided Questionnaire about clinicodemographic, exposure,
- confinement, and vaccination parameters was used
- Source tracing was attempted.
- Outbreak control measures included isolation and confinement
- All confirmed patients were administered with 800mg acyclovir
- five times a day along with symptomatic treatment.
- Surveillance was continued through two full incubation periods,
- 42 days after the disease onset



	Frequency, %	Age	SD	95% CI
Clinicodemographic Characteristics (n = 23)				
Mean age, y	20.5		1.12	20.4 - 20.6
Fresh patients	19	82.6		67.1 - 98.1
Breakthrough VZ	5	21.7		4.8 - 38.5
Lesions < 50 (mild VZ)	15	65.2		45.7 - 84.7
Lesions 51-250 (moderate VZ)	3	13		
Lesions > 250 (severe VZ)	5	21.7		4.8 - 38.5
Average number of lesions	252.57	•	562.37	238.1 - 267
Pruritus	4	17.4		1.9 - 32.9
Fever	11	47.8		27.4 - 68.2
Weakness	6	26.1		8.1 - 44.1
Upper respiratory infection	1	4.3	*	
Hospitalizations	10	43.5	2	23.2 - 63.8
Confined to hostel	12	52.2		31.8 - 72.6
Mean period of hospitalization (d)	8.9		3.75	8.12 - 9.68
Post-exposure immunoprophylaxis	1	4.3	-	
Post-exposure chemoprophylaxis/chemotherapy	14	60.9		41-80.8
Duration of acyclovir therapy, d	6.1		4.39	5.14 - 7
Outbreak Characteristics (n = 23)				
Mean incubation period, d	9.05		1.1	8.3 - 9.8
Pooled attack rate (23/59)	39%	•	•	26.5 - 51.4
Mean VZ cases	1.92		1.1	1.5 - 2.4





DISCUSSION AND CONCLUSION

- The current outbreak investigate for VZ occurring amongst
- military nursing students over four years .
- Occurrence of VZ outbreaks in young females in four
- Consecutive years reveals the heterogeneous pattern of childhood exposures and protective titres.
- Close contact through accommodation, academic, and recreational activities facilitated transmission.
- There were 25 susceptible contacts within the cohort of 114 Students
- Outbreaks of VZ are emerging in the middle and low income
- Countries due to inadequate immunization cover age,
- Isolated case-patients of VZ need to be investigated in hospital and institutional settings before the onset of possible outbreak
- = Post-exposure VZ vaccination within three days of exposure
- **The Acyclovir chemoprophylaxis amongst susceptible exposed**
- personnel from seven to ten days after exposure for seven days.
- The global effectiveness for single and double dose VZ vaccines is 81% and 92%, respectively.

REFERENCES

(1) California Department Public Health. Varicella Investigation Ouick sheet. 2016. Available from: https://www.cdph.ca.gov/programs/ of immunize/Documents/CDPHVaricellaQuicksheet.pdf. (2) Jindal AK, Pandya K, Khan ID. Antimicrobial resistance: A public health challenge. Med J Armed Forces India. 2015;71(2):178-81. doi: 10.1016/j.mjafi.2014.04.011. [PubMed: 25859082]. [PubMed Central: PMC4388962].