1998 CSTE ANNUAL MEETING

CSTE POSITION STATEMENT # ID-10

COMMITTEE: Infectious Disease

TITLE: Inclusion of Varicella-Related Deaths in the National Public Health Surveillance System (NPHSS)

POSITION TO BE ADOPTED: Varicella-related deaths should be placed under national surveillance as part of the NPHSS and should be included on a weekly basis in Table I in the Morbidity and Mortality Weekly Report (MMWR).

BACKGROUND AND JUSTIFICATION: Varicella has been a vaccine-preventable disease since 1995. Currently, it causes an average of more than 100 deaths per year including more deaths in children than all other vaccine preventable diseases combined. However, unlike for other viral vaccine preventable diseases of childhood (i.e., rubella, measles, mumps), varicella is not part of NPHSS nor is there systematic reporting in the MMWR of progress in reducing varicella incidence.

In 1997, CSTE passed a resolution requesting that as an initial approach to varicella surveillance, states and territories should investigate all varicella-related deaths including those due to secondary bacterial infections to monitor changes in varicella-related mortality and to understand why these deaths occurred, and the Centers for Disease Control and Prevention (CDC) should provide assistance in developing a standardized varicella death surveillance form. A standardized death surveillance form has since been developed and sent to all states. Monitoring varicella mortality does not require changing reporting laws since state and territorial health departments should have access to death certificate information. Because there are only an average of 100-130 varicella-related deaths per year nationwide, each state or territory would only need to follow-up on a small number of cases.

GOAL FOR SURVEILLANCE:
The goals for surveillance at the national, state and, where applicable, local levels are: 1) to monitor the impact of routine varicella vaccination on varicella-related mortality; b) to identify risk factors for varicella-related mortality; and c) to determine the percentage of deaths that would have been directly preventable by following current recommendations for vaccination.

PROPOSED METHOD OF SURVEILLANCE:
Vital records system reports are collected at the local level and transmitted to the state health department, supplemented where feasible by clinician reporting. Investigation of deaths for risk factor and prevention information is done by state and/or local health departments using the standard CDC-provided case investigation form.
PROPOSED SURVEILLANCE DEFINITION:
The following surveillance definitions are proposed and use existing public health surveillance
definitions for varicella.

**Probable**
A probable case of varicella which contributes directly or indirectly to acute medical
complications which result in death.

**Confirmed**
A confirmed case of varicella which contributes directly or indirectly to acute medical
complications which result in death.

DATA TO BE COLLECTED:
Demographic, medical risk data, medical history data and data elements relating to preventability
of each varicella-related death are standardized on the varicella death investigation report form
jointly developed by CDC and CSTE.

INFORMATION SYSTEM TO BE UTILIZED TO COLLECT AND TRANSMIT
INFORMATION:
The source for mortality data will be state and local health departments vital records and clinician
reports. NETSS will be utilized to transmit weekly case counts to the MMWR. Completed death
investigation report forms without identifiers will be sent to the National Immunizations Program
by means to be determined.

TEMPORARY/PERMANENT:
Temporary until such time as incident varicella is added to the NPHSS.

PARTNER ORGANIZATIONS AND ROLE:
State health departments are the primary data source.

FEDERAL AGENCY/DATA SYSTEM INVOLVED:
Centers for Disease Control and Prevention
National Immunizations Program
National Center for Health Statistics

COORDINATION WITH OTHER ORGANIZATIONS:

**Agencies for Response:**
National Immunization Program, CDC
National Center for Health Statistics, CDC

**Agency for Information:**
Association of State and Territorial Health Officials (ASTHO)

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