# After Action Review Varicella outbreak at a shelter



## Date of emergence 06 MAR 2023

Date on which the suspected index case or first epidemiologically linked case first experienced symptoms

## Date of detection 11 APR 2023

Date the event (suspected outbreak) is first recorded by any source or in any system – Date of second case report to school authority

## Date of notification

17 APR 2023

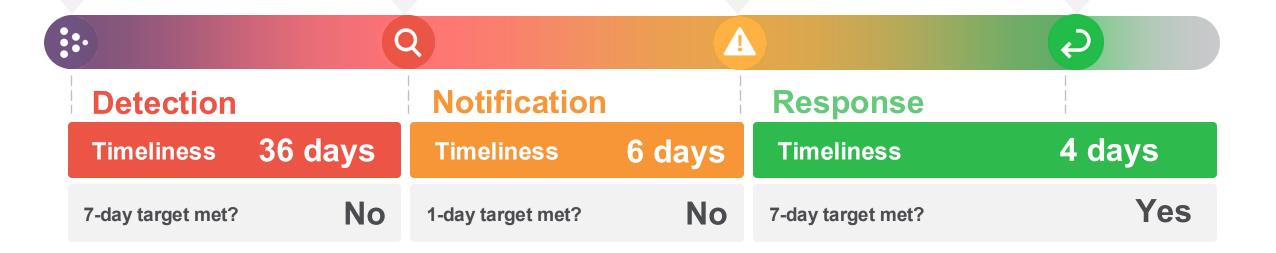
Date the event (suspected outbreak) is first reported to a public health authority responsible for action – Date OBM reported in surveillance system

## Date of early response completion

21 APR 2023

Date on which all applicable early response actions were completed

Last early response action completed: Initiate appropriate risk communication and community engagement activities









# DetectionNotificationResponseTimeliness36 daysTimeliness6 daysTimeliness4 days7-day target met?No1-day target met?No7-day target met?Yes

#### **Bottlenecks**

- Clinical surveillance focal point/capacity (rely on mandatory disease reporting as outlined by state – 5 day window for Varicella cases)
- Delay in care-seeking by patient (migrant population, lack of awareness of need to seek HCP)
- Low community knowledge and immunization coverage

#### **Enablers**

- Sensitivity of community detection (quick reporting from school partners, good awareness of reportable conditions)
- Multiple reporting sources
- Good coordination with shelter (limited by case arrival date)

#### **Bottlenecks**

- Case Investigation delays (case almost LTF)
- Faxes manual process and very time consuming, not checked over the weekend

#### **Enablers**

Medical Electronic Disease
 Surveillance Intelligence System –
 online real time reporting system
 to house case/outbreak report
 information

#### **Bottlenecks**

- Inadequate risk assessments/preparedness plans outdated protocols
- Incorrect specimen collection (HCP partners)
- ASPHL does not process Varicella PCR/serology testing, we rely only on private labs.
- Multi-agency coordination (many changing internal and external partners)
- Limited clinical case management capacity LHD was unable to facilitate vaccination
- Risk communications or community engagement difficulty with identifying exposed locations

#### **Enablers**

- Capacity to conduct field investigation (after notification), bilingual staff, resource availability
- Preestablished relationship with HCP to assist with clinical assessment of cases (El Rio)
- Additional community partner as source of information:
   CBP Public Health

Varicella Outbreak in Migrant Shelter: Pima County, March/April 2023

### **Immediate actions**

Actions for immediate implementation (e.g., where resources are available or anticipated).

	Proposed action	Bottleneck addressed	Responsible authority
1	In person evaluation of cases/contact	Detection	Epidemiology
2	Pre-coordination for vaccination	Response	Epidemiology Clinical
3	Health Assessment upon admission to Shelter	Notification	Shelter?
4	Ask CBP PH to report as soon as a Varicella case is detected	Notification	PCHD
5	Coordination with PHEP – response role assignment	Response	Epi/PHEP

### Longer-term actions

Actions for longer-term planning and funding (e.g., through planning and budget cycles)

	Proposed action	Bottleneck addressed	Responsible authority
1	Contract local labs for PCR testing ASPHL cannot perform	Response	LHD/State/local labs
2	Alternative travel for infected or exposed individuals	Response	LHD/shelters
3	Coordinate EPI Staff working with/at CBP	Detection	LHD/CBP
4	Using simple report to notify of communicable diseases, replace faxes	Notification	LHD