



STATE OF HAWAII
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In reply, please refer to:
File:

February 11, 2026

MEDICAL ADVISORY: VARICELLA (CHICKENPOX) OUTBREAK - UPDATE #2

- Hawaii Department of Health (HDOH) has confirmed an outbreak of varicella with community transmission on the North Shore of Kauai Island.
- During a varicella outbreak, DOH recommends healthcare partners:
 - Encourage varicella vaccination among all non-immune eligible persons.
 - Remain vigilant to the possibility of varicella in persons presenting with signs and symptoms clinically compatible with varicella. (*Consult the [DOH Medical Advisory issued on January 30, 2026](#) for detailed guidance on varicella case identification, testing, management, and reporting to public health*).
 - Be prepared to conduct assessments for varicella exposure and post-exposure prophylaxis (PEP).
 - Implement infection prevention and control measures to mitigate varicella transmission in healthcare settings.

Dear Healthcare Providers:

As of February 10, 2026, the Hawaii Department of Health (HDOH) has confirmed 12 cases of varicella (chickenpox) on the North Shore of Kauai. The threshold definition of a varicella outbreak, three or more epidemiologically linked cases, has been met. Varicella transmission can continue if non-immune persons come into contact with symptomatic individuals during the infectious period, defined as 1 to 2 days before rash onset until the rash has fully scabbed over (usually 5 to 7 days).

Varicella is highly contagious, more contagious than mumps and rubella and less contagious than measles. The virus can be spread from person to person by direct contact, inhalation of aerosols from vesicular fluid of skin lesions of acute varicella or zoster; and possibly through infected respiratory secretions that also may be aerosolized.

The DOH encourages healthcare partners across the state to take the following steps during a varicella outbreak:

Encourage varicella vaccination among all non-immune eligible persons. Vaccination remains the safest and most effective way to prevent varicella among those eligible. Two doses

of varicella vaccine is 88-98% effective at preventing varicella and 100% effective at preventing severe varicella. The DOH recommends two doses of varicella vaccine for children, adolescents, and adults. Children are routinely recommended to receive the first dose at age 12 through 15 months and the second dose at age 4 through 6 years old. To support outbreak control, healthcare providers providing care to individuals in outbreak settings (currently the Kilauea Elementary School community) are recommended to ensure eligible children, adolescents, and adults receive two doses of vaccine at the age-specific minimum dosing interval:

- Three months between doses for persons age 12 months through 12 years. (*A dose inadvertently administered after at least four weeks may be counted as valid.*)
- At least 28 days for persons age 13 years or older.

Providers caring for individuals outside an outbreak setting should continue following the routine or catch-up vaccination schedule. Infants under 12 months of age, pregnant women, and severely immunocompromised persons are not eligible for varicella vaccination. Providers are encouraged to discuss household member vaccination to support exposure prevention.

Remain vigilant to the possibility of varicella in persons presenting with clinically compatible signs and symptoms. Varicella may occur in children or adults during an outbreak. Detailed information on varicella signs and symptoms, diagnosis, and management can be found at:

- [DOH Medical Advisory issued January 30, 2026 \(updated 2/2/2026\).](#)
- [DOH Varicella information page.](#)

Varicella illness may become severe in immunocompromised persons, pregnant women, infants, older adolescents, adults, patients with chronic skin or pulmonary disorders, and patients receiving steroids or chronic aspirin therapy.

Be prepared to conduct assessments for varicella exposure and post-exposure prophylaxis (PEP). The accurate and timely identification of an individual exposed to varicella followed by a PEP eligibility assessment is an important secondary prevention step. The DOH recommends persons exposed to varicella be assessed for PEP using the attached *Varicella Post-exposure Prophylaxis (PEP) Flowchart* (Figure 1). For infants, children, and adults, significant exposures to persons with varicella during their infectious period (two days before rash onset until the ill individual's rash has fully scabbed over) occurs when one of the following applies:

- residing in the same household.
- face-to-face indoor play for five or more minutes.
- direct contact with lesions or lesion fluid, or close face-to-face contact without personal protective equipment.

For newborns, an exposure occurs when the mother has varicella between 5 days before delivery to 2 days after.

Implement infection prevention and control measures to mitigate varicella transmission in healthcare settings. To prevent transmission of varicella in healthcare facilities, all healthcare workers should have evidence of immunity to varicella. Patients with potential varicella symptoms should be advised to call the healthcare facility or office ahead of time to prevent additional exposures. As soon as varicella is suspected, patients should be removed from any waiting rooms or public areas and placed in a negative airflow room. If a negative airflow room is unavailable, place the patient in their own room, and keep the door closed. Do not use the

room for an hour after the patient leaves. Only healthcare workers with documented immunity to varicella, using standard, airborne, and contact precautions, should care for patients with varicella.

Unprotected (e.g., not wearing recommended PPE) contact with patients with varicella or disseminated herpes zoster, their secretions, or air containing infectious particles is typically considered an exposure to varicella zoster virus (VZV). Recommendations for healthcare personnel with VZV exposure depends on evidence of immunity.

The DOH encourages healthcare facility and practice infection control personnel to review [CDC’s VZV infection control guidance](#) for detailed guidance on exposure assessment and management.

Report varicella infections diagnosed clinically or by laboratory testing to DOH. Varicella is a ROUTINE CATEGORY NOTIFIABLE CONDITION and can be reported by calling:

- Oahu (Disease Reporting Line) (808) 586-4586
- Maui District Health Office (808) 984-8213
- Kauai District Health Office (808) 241-3563
- Big Island District Health Office (Hilo) (808) 933-0912
- Big Island District Health Office (Kona) (808) 322-4877
- After hours on Oahu (808) 600-3625
- After hours on neighbor islands (800) 360-2575 (toll free)

We appreciate your continued assistance in protecting the health of Hawaii’s residents.

Sincerely,



Nathan Tan, M.D.
Deputy State Epidemiologist

Resources:

- Hawaii Department of Health – Varicella (Chickenpox): https://health.hawaii.gov/docd/disease_listing/chickenpox-varicella-zoster/
- American Academy of Pediatrics 2026 Recommended Child and Adolescent Immunization Schedule: [AAP-Immunization-Schedule.pdf](#)
- Clinical Overview of Chickenpox (Varicella) | Chickenpox (Varicella) | CDC: <https://www.cdc.gov/chickenpox/hcp/clinical-overview/index.html>
- Varicella Vaccine Recommendations | Chickenpox (Varicella) | CDC: <https://www.cdc.gov/chickenpox/hcp/vaccine-considerations/index.html>
- Varicella-Zoster Virus | Infection Control | CDC: <https://www.cdc.gov/infection-control/hcp/healthcare-personnel-epidemiology-control/varicella.html>

Figure 1. Hawaii Department of Health Varicella Post-exposure Prophylaxis (PEP) Flowchart

