



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

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HEALTH AFFAIRS

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MEMORANDUM FOR DIRECTOR JOINT STAFF
SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Guidance for Containment of Varicella Outbreaks

Varicella (chicken pox) is caused by the varicella-zoster virus. As a result of previous illness or immunization, most of the military population is immune, but occasional cases will occur. Control measures should include isolation of active cases. Quarantine is not indicated as a control measure.

Varicella is a highly infectious disease with a worldwide distribution. Infection or immunization confers long-term immunity. Second attacks in immunocompetent individuals are rare but may occur. Before 1995, varicella was a common childhood disease, so individuals born before 1980 are considered immune due to natural exposure.

When the varicella vaccine became available in 1995, the Advisory Committee on Immunization Practices (ACIP) recommended including this vaccine in the routine series of childhood vaccines. Current ACIP recommendations include vaccination for all non-immune individuals (Prevention of Varicella MMWR June 22, 2007/56(RR04):1-40). In November 1999, the Assistant Secretary of Defense for Health Affairs released the "Policy for the Use of Varicella (Chickenpox) Vaccine." This policy mandated that the Services determine the varicella-zoster immune status of all new accessions and vaccinate those who are non-immune. Recent serologic evaluation of new accessions indicates that approximately 97 percent of those entering active duty are immune. Therefore, the active duty population exhibits a robust "herd" immunity.

When sporadic cases do occur, there is little risk of outbreaks among the active duty population due to this high degree of protection. For this reason, control measures associated with outbreaks in Department of Defense personnel should be limited to the isolation of active cases until all lesions are crusted. Quarantine of U.S. forces is not indicated as a control measure. However, local national populations residing in tropical or isolated locales may have reduced levels of herd immunity and may be the source of sporadic cases. Should questions arise regarding the risk status of specific populations, please consult preventive medicine, infectious disease, or medical intelligence subject matter experts.

My point of contact for this matter is LTC Wayne Hachey, who may be reached at 703-575-2669, or wayne.hachey@ha.osd.mil.

A handwritten signature in black ink, appearing to read "Ellen P. Embrey". The signature is fluid and cursive, with the first name "Ellen" and last name "Embrey" clearly distinguishable.

Ellen P. Embrey
Deputy Assistant of Defense
(Force Health Protection and Readiness)