



DEPARTMENT OF DEFENSE
ARMED FORCES EPIDEMIOLOGICAL BOARD
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258



REPLY TO
ATTENTION OF

AFEB (15-1a) 99-3

25 May 1999

MEMORANDUM FOR THE ASSISTANT SECRETARY OF DEFENSE(HEALTH AFFAIRS)
THE SURGEON GENERAL, DEPARTMENT OF THE ARMY
THE SURGEON GENERAL, DEPARTMENT OF THE NAVY
THE SURGEON GENERAL, DEPARTMENT OF THE AIR FORCE

SUBJECT: Armed Forces Epidemiological Board Recommendation Regarding Varicella Vaccine.

1. At the Armed Forces Epidemiological Board (AFEB) April 1999 meeting, the Board considered the issue of use of varicella vaccine among military personnel. After hearing reports from military Preventive Medicine officers, it is clear that varicella disease can and does disrupt military training and readiness. With this in mind, the Board recommends the following:

- a. **THAT ALL PERSONNEL UNDERSTAND THAT WHILE VARICELLA VACCINE CAN AND DOES PREVENT DISEASE AND EPIDEMIC SPREAD OF DISEASE, IT CANNOT PREVENT DISEASE DUE TO INCUBATING INFECTION, SUCH AS OCCURS IN THE EARLY TIME PERIOD AFTER ACCESSION.**
- b. **THE BOARD DOES NOT RECOMMEND THE INSTITUTION OF AUTOMATIC UNIVERSAL IMMUNIZATION OF ALL MILITARY ACCESSIONS. HOWEVER, IMMUNIZATION OF ALL SUSCEPTIBLES IS RECOMMENDED. BECAUSE UNIVERSAL SEROLOGIC SCREENING IS THE MOST SENSITIVE METHOD OF IDENTIFYING SUSCEPTIBLES, THIS IS RECOMMENDED WHERE IT IS FEASIBLE TO DO SO. IF THIS IS NOT FEASIBLE, SUSCEPTIBILITY MAY BE IDENTIFIED BY SEROLOGICALLY SCREENING ONLY THOSE WITH NEGATIVE OR UNCERTAIN VARICELLA DISEASE HISTORIES, WITH VACCINE PROVIDED TO THOSE WHO ARE SERONEGATIVE.**
- c. **IN ORDER TO HAVE THE GREATEST POSSIBLE BENEFIT, SCREENING FOR SUSCEPTIBLES SHOULD BE DONE AS EARLY IN THE ACCESSION PROCESS AS POSSIBLE. IN ORDER TO DECREASE COSTS AND LABORATORY IMPACT, IDEALLY THIS SHOULD BE DONE IN CONJUNCTION WITH OTHER ACCESSION TESTING. FOR EXAMPLE, SUCH SCREENING MIGHT OPTIMALLY BE DONE DURING MEPS PROCESSING.**

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d. FOR ALL OTHER MILITARY PERSONNEL, THE RECOMMENDATIONS OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES SHOULD BE FOLLOWED.

2. The above recommendations were unanimously approved by the Subcommittee.

FOR THE ARMED FORCES EPIDEMIOLOGICAL BOARD:



GREGORY A. POLAND
Chairman, Infectious
Disease Subcommittee



BENEDICT M. DINIEGA
Colonel, USA, MC
AFEB Executive Secretary

Copies Furnished:

The Surgeon General, USA
The Surgeon General, USAF
The Surgeon General, USN
Board Members
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HQ, USMC, PMO, LCDR Ann P. Fallon
Dir, Occup Hlth & Prev Med Div, BUMED-DN
CDR, WRAIR
CDR, USAMEDCOM, ATTN: MCCS-FC
CDR, USACHPPM, ATTN: MCHB-DC-C
CDR, USAMRMC
Navy Env. Health Center
Dir, Med Resources, Plans & Policy Div. (N931)
Head, Epi Dept., NEPMU 5
CDR Mark Tedesco, USPHS
COL Andrew S. Warde, BvetMed Msc MRCVS
LCOL Frank Souter, CFMS