

Varicella Surveillance

March Key Points



No new outbreaks



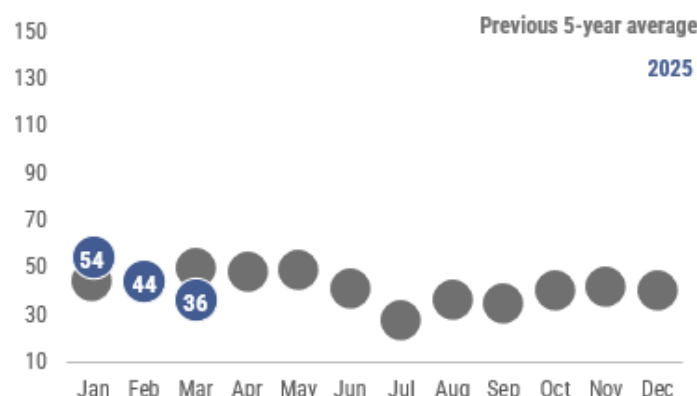
< 1 year olds had the highest incidence



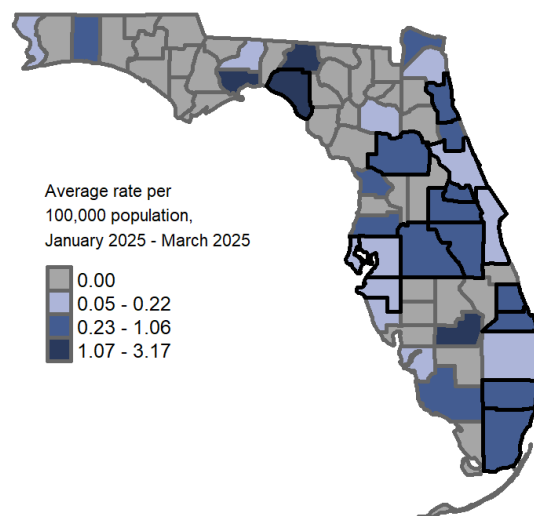
53% cases not up-to-date or unknown vaccination status



The number of varicella cases reported in March 2025 decreased from the previous month and was below the previous 5-year average. Due to robust vaccination programs, there is no longer discernable seasonality for varicella cases in the United States.



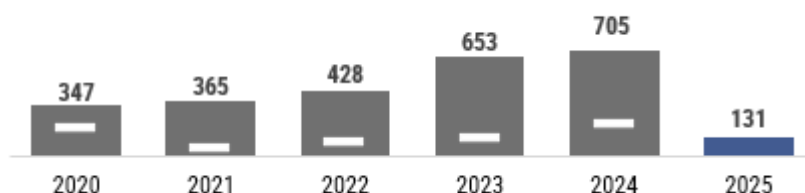
In March 2025, 36 varicella cases were reported in 16 counties, outlined in black in the map below. From January 2025 through March 2025 the average county rates varied throughout the state.



In 2025, 131 varicella cases[†] were reported.

The annual number of reported varicella cases gradually increased from 2020 to 2024. Cases reported in 2023 returned to levels similarly observed prior to the 2020 pandemic.

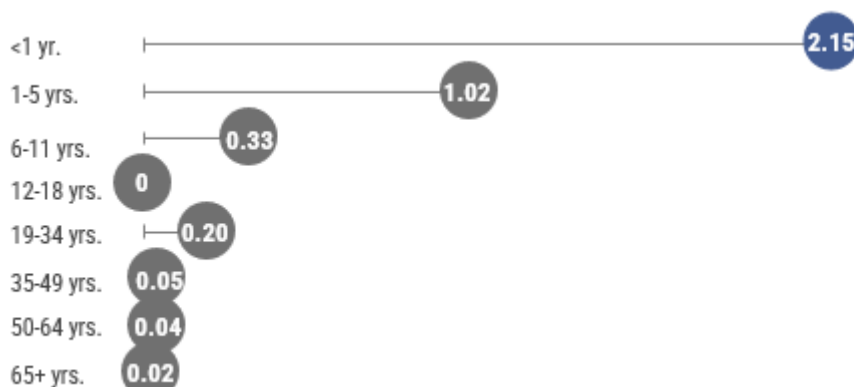
[†] CDC MMWR report year



*The white bars indicate the total number of cases as of March for each year



In March 2025, the varicella rate was highest among <1 year olds at 2.15 cases per 100,000 population. Infants <1 year old are too young to receive varicella vaccination, which is why vaccination of siblings, parents, grandparents, and other age groups is important in infection prevention among infants.



Varicella Surveillance



In March, **3 cases** were household-associated and **0 cases** were outbreak-associated. For most varicella cases, exposure to other known cases is not identified. In Florida, transmission setting is not routinely identified for non-outbreak cases.

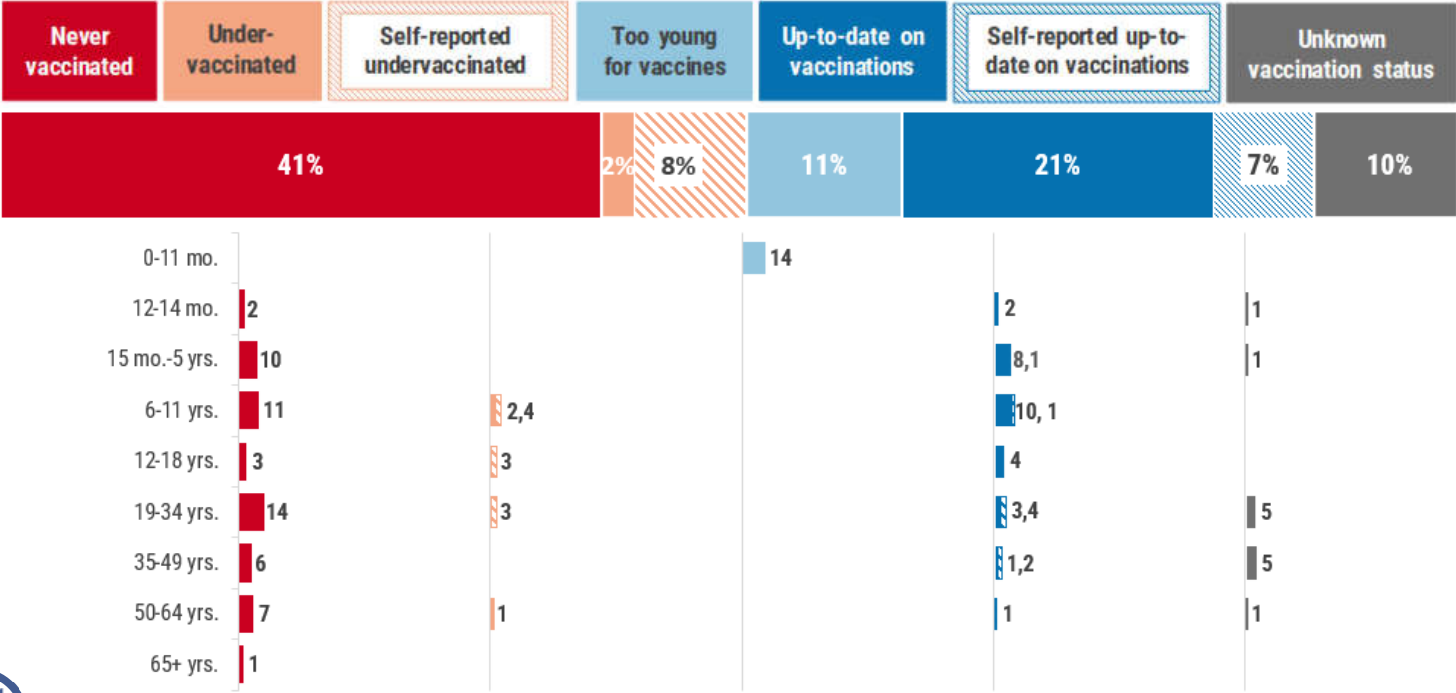
People with shingles infection can transmit the virus that causes varicella to people without immunity. In March, **6 cases** reported contact with someone diagnosed with shingles during their exposure period.

Household-associated Outbreak-associated Total cases



In March 2025, **53% of cases** reported with varicella had not received the recommended number of varicella vaccinations for their age or had unknown vaccination status. Vaccination against varicella is important for infants, children, teenagers, and adults. If a person was born before July 1, 1994, the current varicella immunization recommendation would not have been implemented when they were receiving their childhood immunizations. Based on the case's age, **36 cases** in 2025 would not have been vaccinated under the current childhood immunization recommendations.

In 2025, the majority of adults aged 19 years and older with varicella were not up-to-date on their varicella vaccinations or had unknown vaccination status. Although individuals who have been vaccinated can still develop varicella, **complete and timely vaccination remains the best way to prevent varicella and severe complications.**



National activity

The varicella vaccination first became available in 1995. In 2007, varicella vaccine recommendations were revised from 1 dose to 2 doses. Since the vaccine became available, varicella incidence in the United States has decreased significantly, by 97%.

Varicella surveillance goals

- Identify and control outbreaks, monitor trends, and identify severe outcomes
- Identify transmission settings in non-outbreak cases to prevent the spread of sporadic cases
- Monitor effectiveness of immunization programs and vaccines

To learn more about varicella, please visit FloridaHealth.gov/Varicella. For more information on the data sources used in Florida for varicella surveillance, see the last page of this report.