



Varicella Vaccine

Revised: May 15, 2026.

Drug Levels and Effects

Summary of Use during Lactation

The Centers for Disease Control and Prevention and the several health professional organizations state that vaccines given to a nursing mother do not affect the safety of breastfeeding for mothers or infants and that breastfeeding is not a contraindication to varicella vaccine. Breastfed infants have rarely developed varicella rashes after maternal vaccination, but transmission has also occurred in the absence of breastfeeding, so the role of breastfeeding in transmission to infants is not known.[1] Breastfed infants should be vaccinated according to the routine recommended schedules.[2,3]

Drug Levels

Maternal Levels. Two postpartum women immunized with varicella vaccine provided preimmunization and serial postimmunization breastmilk samples (number not specified). One sample of colostrum contained detectable viral DNA and B-actin by polymerase chain reaction, but all other samples were negative for these species. No varicella gene sequences were found in any of the samples.[4]

One study of 12 women vaccinated with live, attenuated varicella vaccine found no evidence of varicella virus excretion into breastmilk.[5]

Infant Levels. Relevant published information was not found as of the revision date.

Effects in Breastfed Infants

Limited data indicate that breastfeeding can enhance the response of the infant to certain vaccine antigens.[2,6]

A 25-day-old otherwise healthy infant developed a rash that was found to be caused by the varicella vaccine strain. The baby's mother received the varicella vaccine (Varivax, Merck & Co) on day 3 postpartum, when the infant was present in the room. Neither the mother nor any known contact had a rash prior to the infant's rash. No other known contact had been vaccinated in the 90 days prior to the infant's presentation at the clinic. The infant was primarily formula-fed, but received expressed breastmilk 4 times a day. The authors considered

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transmission via breastmilk, saliva or respiratory spread unlikely, but possible. The most likely exposure was thought to be via aerosolization at the time of vaccine administration.[7]

A 26-day-old infant presented with a rash that was determined to be caused by varicella vaccine. The infant's mother had received the vaccine on the first day postpartum and developed erythematous, papular lesions on her scalp, hands, and abdomen on day 21 postpartum. She had breastfed her infant until day 21 when she switched the infant's feeding to formula. The infant's lesions developed on day 24 of life. The role of breastfeeding in the development of the infant's lesions is unclear.[8]

Effects on Lactation and Breastmilk

Relevant published information was not found as of the revision date.

References

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Substance Identification

Substance Name

Varicella Vaccine

Drug Class

Breast Feeding

Lactation

Milk, Human

Vaccines