Varicella Vaccine (Live Attenuated Viral Vaccine)

VARILRIX® **Supplier: GlaxoSmithKline Inc.**
VARIVAX® III **Supplier: Merck Canada Inc.**

INDICATIONS: [A]

- Infants at 12 months of age.
- Other susceptible individuals 12 months of age and older.
- Select special populations as indicated in Part 2 – Immunization of Special Populations.

DOSES AND SCHEDULE:

Routine 1st dose for infants at 12 months of age: 1 dose given as 0.5 mL **SC**. Routine 2nd dose given at 4-6 years of age as MMRV, see Part 1 – Immunization Schedules.

Susceptible persons 12 months-12 years of age (inclusive): 1 or 2 doses given as 0.5 mL **SC**, 12 weeks apart. [B, C]

Susceptible persons 13 years of age and older: 2 doses given as 0.5 mL **SC**, 6 weeks apart. [D]

Select special populations: as indicated in Part 2 – Immunization of Special Populations.

ADMINISTRATION:

- Both products need to be reconstituted. Use the diluent provided with the vaccine.
- Administer the entire volume of reconstituted product.

BOOSTER DOSES:

No booster doses are recommended at this time.

SEROLOGICAL TESTING:

- Serological testing is not routinely recommended before or after immunization.
- For recommendations for immunocompromised clients see Part 2 – Immunization of Special Populations.

[A] As of June 2018, a varicella susceptible person is one without a history of lab confirmed varicella or herpes zoster after 12 months of age and without a history of age appropriate varicella immunization. Individuals with a documented exemption in the immunization registry prior to this date due to previous disease will be considered immune. A self-reported history of varicella or physician diagnosed varicella is adequate only if disease occurred before 2004.

[B] If protection against MMR is also required for persons 4-12 years of age (inclusive), combination MMRV vaccine may be used.

[C] For those 12 years of age and under, the recommended interval between 2 doses of varicella vaccine is 12 weeks; this is also the minimum interval to be used when scheduling a 2nd dose. However, if an interval as short as 4 weeks was used, the dose does not need to be repeated.

[D] For those 13 years of age and older, the recommended interval between 2 doses of varicella vaccine is 6 weeks; this is also the minimum interval to be used when scheduling a 2nd dose. However, if an interval as short as 4 weeks was used, the dose does not need to be repeated.

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CONTRAINDICATIONS:

1. Immunocompromised as a result of disease or therapy: consult the appropriate health care provider (either the primary care physician or nurse practitioner most familiar with the client's current medical status or a medical specialist) and obtain a written referral regarding the appropriateness of varicella vaccine administration to persons whose immune status may be suppressed as a result of disease or therapy. Use Referral Form for Varicella Vaccination. For more information, see Part 2 – Immunization of Special Populations, Specific Immunocompromising Conditions.
2. Solid organ transplant recipients: varicella vaccination should have been completed prior to transplantation. The exception to this is univalent varicella vaccine may be offered to select pediatric organ transplant recipients upon the recommendation of a medical specialist from the Multi-Organ Transplant Clinic at BC Children's Hospital per the Referral Form for Varicella Vaccination. For more information, see Part 2 – Immunization of Special Populations, Candidate For or Recipient of Solid Organ or Islet Cell Transplant.
3. Family history of congenital immunodeficiency. See Appendix C – Contraindications and Precautions for Immunization, Section 2 Assessment for Contraindications and Precautions.
4. Children or adults with chronic inflammatory diseases (e.g., inflammatory bowel disease, collagen-vascular disease) receiving significant immunosuppressive therapy. However, they may be immunized at least 6-12 weeks after they have completed or temporarily stopped the immunosuppressive therapy.
5. History of an anaphylactic reaction to a previous dose of any varicella vaccine, or to any component of the vaccine.
6. Pregnancy. People of childbearing age should avoid pregnancy for 1 month following vaccination. If a pregnant person is inadvertently vaccinated, or becomes pregnant in the month following vaccination, it should be reported to the company [immunization with VARIVAX® III should be reported to Merck Canada Inc., Medical Services (1-800-567-2594), immunization with VARILRIX® should be reported to GlaxoSmithKline Inc. (1-800-387-7374)].
7. Active untreated TB.

PRODUCT COMPONENTS:

VARILRIX®:

Potential allergens: neomycin sulphate.

Other components: amino acids, lactose, mannitol, sorbitol.

VARIVAX® III:

Potential allergens: hydrolyzed gelatin, fetal bovine serum, neomycin.

Other components: sucrose, urea, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride.

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PRECAUTIONS:

- Varicella immunization should be given on the same day or delayed until 4 weeks after administration of another live parenteral vaccine.
- For certain immunocompromised clients only: separate administration of MMR and varicella vaccine by at least 4 weeks (expert opinion BC Children's Hospital). For additional information, see Part 2 – Immunization of Special Populations, Specific Immunocompromising Conditions.
- Recent administration of an immune globulin preparation or blood product. See Part 4 – Biological Products, Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella or Varicella Virus.
- Those who receive RhIg postpartum and are eligible for varicella vaccine should generally wait 3 months before being vaccinated with this vaccine. However, if there is a risk of exposure to varicella, a risk of pregnancy in the 3-month postpartum period, or a risk the vaccine may not be given later, varicella vaccine may be given prior to discharge with a 2nd dose at the recommended interval if indicated. If varicella vaccine is given within 3 months of receipt of RhIg, serologic testing for varicella should be done 3 months postpartum and at least 1 month after the final dose. Those who have not mounted an antibody response should be revaccinated.
- Those less than 18 years of age should avoid taking salicylates for 6 weeks following immunization with varicella vaccine. This is based on the association between salicylate use and wild type varicella infection; Reye syndrome has not been reported in association with varicella vaccine. NACI recommends that children and teens on chronic salicylate therapy should be considered for immunization with close subsequent monitoring.
- Varicella vaccine may have reduced effectiveness if given concurrently with antivirals active against varicella zoster virus such as acyclovir, valacyclovir, or famciclovir. People taking long-term antiviral therapy should discontinue these drugs, if possible, at least 24 hours before administration of varicella vaccine and should not restart antiviral therapy until 14 days after vaccination.
- Do TB skin testing on the same day as varicella immunization or delay TB skin testing for ≥ 4 weeks.

SPECIAL CONSIDERATIONS:

- Special attention should be paid to identification of susceptible persons who are at increased risk of disease acquisition or disease severity as indicated in the BC Communicable Disease Control Manual, Chapter 1: Varicella Zoster.
- Interchangeability: there are no data on the interchangeability of VARIVAX® III and VARILRIX®. However, there is no biological reason for an inferior response to a series using both vaccines. For programmatic reasons a different product may be used for the 2nd dose.
- Children who previously received a single dose of varicella vaccine should be offered a 2nd dose of vaccine opportunistically (e.g., grade 6).

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ADVERSE EVENTS:

Local: pain, redness, swelling. Rates of these events are slightly higher following 2nd dose.
Systemic: varicella-like rash, fever. Rates of these events are lower following 2nd dose.