



Yukon Immunization Program Manual

Section 8 - Biological Products

Varicella Vaccine





SECTION 8 – BIOLOGICAL PRODUCTS

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Varicella Vaccine (live attenuated viral) Varivax® III <div style="text-align: right;">Supplier: Varivax® III, Merck Canada</div>	
INDICATIONS ① ② ③ ④ ⑤	INITIAL SERIES
(1) All children 12 months of age – school age (4 – 6 years) ⑤	(1) Two dose series as of April 1, 2012 <ul style="list-style-type: none"> • Routine Dose 1: 0.5 mL SC at 12 months of age • Routine Dose 2: given at school entry (4-6 years of age) as MMRV, see Section 3-Immunization Schedules
(2) All susceptible children, ages 7 – 12 years, presenting on or after April 1, 2012 ⑤	(2)(3): For age 7 years - 12 years of age: <ul style="list-style-type: none"> • Routinely, 1 dose given as 0.5 mL SC for those with one prior dose. • For unimmunized, 2 doses given as 0.5 mL SC, 12 weeks apart.
(3) Other susceptible individuals 13 years of age and older.	For ≥ 13 years of age ④ - Two dose series: <ul style="list-style-type: none"> • Dose 1: 0.5 mL SC • Dose 2: 0.5 mL SC at least 6 weeks after dose 1 (however, if interval was 4 weeks apart, no need to repeat) ④
(4) Select special populations as indicated see Section 5- Immunization of Special Populations .	Before vaccination, receive approval from appropriate physician (i.e. either the primary care provider most familiar with the client's current medical status or a medical specialist).
ADMINISTRATION	<ul style="list-style-type: none"> • Both products need to be reconstituted. Use the diluent provided with the vaccine. • Administer the entire volume of the reconstituted product.
REINFORCEMENTS	Not indicated at this time
SEROLOGICAL TESTING	<ul style="list-style-type: none"> • Serological testing is not routinely recommended before or after immunization. • For recommendations for immunocompromised clients see Section 5 – Immunization of Special Populations.
PRODUCT COMPONENTS	Potential allergens: hydrolyzed gelatin, fetal bovine serum, neomycin. Other components: sucrose, urea, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride.
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.

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Varicella Vaccine (live attenuated viral) Varivax® III

Supplier: Varivax® III, Merck Canada.

CONTRAINDICATIONS

1. Immunocompromised as a result of disease or therapy: consult the appropriate health care provider (either the primary care physician 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. See [Section 5 – Immunization of Special Populations](#), Specific Immunocompromising Conditions.
2. Solid organ transplant recipients; varicella vaccination should have been completed prior to transplantation.
3. Family history of congenital immunodeficiency. See [Section 4 – Contraindications and Routine 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. Women of childbearing age should avoid pregnancy for 1 month following vaccination. If a pregnant woman 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 (1-800-684-6686), immunization with VARILRIX® should be reported to GlaxoSmithKline Inc. (1-800-387-7374)].
7. Active untreated TB.

PRECAUTIONS

- Varicella immunization should be given on the same day or delayed until 4 weeks after administration of any other live 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 [Section 5 – Immunization of Special Populations](#), Specific Immunocompromising Conditions.
- Recent administration of an immune globulin preparation or blood product. See [CIG,\(2013\)](#)
- Women who receive Rhlg 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 Rhlg, serologic testing for varicella should be done 3 months postpartum and at least 1 month after the final dose. Women who have not mounted an antibody response should be revaccinated.

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PRECAUTIONS

- 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.
- 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.
- School children who have received their school entry vaccines prior to the launch of the 2nd dose varicella school entry program may be offered varicella vaccine opportunistically.
- Older children who previously received a single dose of varicella vaccine should be offered a 2nd dose of vaccine opportunistically.

- ❶ As of April 2012, Yukon offers a 2 dose series to all susceptible clients ages 12 months & older.
- ❷ Children who have a history of varicella disease after their first dose do not require a second dose, as they will have developed immunity. If disease history is uncertain, provide a second dose.
- ❸ 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.
Note: Adults who have emigrated from tropical/subtropical areas are less likely to have acquired chickenpox in childhood and are more often susceptible to VZV than those who grew up in temperate climates. There is evidence that this may be less true for those who lived in urban settings.
- ❹ 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.
- ❺ If protection against MMR is also required for persons 4 – 12 years of age (inclusive), combination MMRV vaccine may be used.