


**Varicella**  
**Chicken Pox Vaccine**

<b>Pathophysiology</b>	Varicella Zoster Virus Respiratory transmission Incubation 14-16 days	
<b>Vaccine Description</b>	Live attenuated vaccine	
<b>Dose &amp; Route</b>	0.5 mL reconstituted vaccine given subQ	
<b>Administration Schedule</b>	<b>Dose</b> 1 2	<b>Recommended Age</b> 12 months - 15 months 4-6 years*  <b>*The 2nd dose can be administered at an earlier age provided the interval between the 1<sup>st</sup> and 2<sup>nd</sup> dose is at least 3 months. If the 2<sup>nd</sup> dose is inadvertently given at least 28 days after the 1<sup>st</sup> dose, the 2<sup>nd</sup> dose does not need to be repeated.</b>
<b>Catch-up Vaccination</b>	Varicella vaccination is recommended for children who are older than 15 months of age and do not have evidence of immunity.	
<b>Minimum Intervals</b>	<b>Minimum Age at Dose 1</b>  12 months	<b>Minimum Interval to Dose 2</b>  <u>3 mos.</u> if Dose 1 given at <13 yrs. of age <u>1 mo.</u> if Dose 1 given at ≥13 yrs. of age
<b>Combination Vaccine Administration</b>	ProQuad® (MMRV) may be used to simultaneously administer MMR and varicella vaccine to children ages 12 mos. through 12 yrs. when both vaccines are indicated. <ul style="list-style-type: none"> <li>• Spacing and timing of MMRV from individual component vaccines (MMR and varicella): <ul style="list-style-type: none"> <li>○ At least 1 month between a dose of a measles-containing vaccine and a dose of MMRV</li> <li>○ At least 3 months between a dose of varicella vaccine and a dose of MMRV</li> <li>○ However, if varicella vaccine and MMRV are inadvertently given ≥28 days or more apart, the doses may be counted as valid.</li> </ul> </li> </ul>	

<p><b>Contraindications</b></p>	<ul style="list-style-type: none"> <li>• Anaphylactic reaction following a prior dose of Varicella (Varivax™) or to any of its components (gelatin or neomycin)</li> <li>• Immunosuppression</li> <li>• Recent recipient of antibody-containing blood products (Refer to <i>Recommended intervals between administration of immune globulin preparations and measles- or varicella-containing vaccine table after Varicella</i> in VACS FACTS)</li> <li>• Pregnancy</li> <li>• Defer vaccination in persons with moderate or severe acute illness until illness subsides</li> <li>• TB - untreated, active</li> <li>• Vaccination of persons who have severe illness should be postponed until recovery</li> </ul>
<p><b>Evidence of Immunity to Varicella</b></p>	<p>Documentation of age-appropriate varicella vaccination;</p> <ul style="list-style-type: none"> <li>• Preschool-age children (i.e., age 12 months through 3 years): 1 dose</li> <li>• School-age children, adolescents, adults: 2 doses</li> <li>• Laboratory evidence of immunity or laboratory confirmation of disease</li> <li>• Birth in the United States before 1980 (Should not be considered evidence of immunity for health care personnel, pregnant women, and <b>immunocompromised persons</b>)</li> <li>• Diagnosis or verification of a history of varicella or herpes zoster by a health care provider</li> </ul> <p><b>To verify a history of varicella, health care providers should inquire about: an epidemiologic link to another typical varicella case or to a laboratory confirmed case, or evidence of laboratory confirmation, if testing was performed at the time of acute disease. Persons who have neither an epidemiologic link nor laboratory confirmation of varicella should not be considered as having a valid history of disease. For these persons, a second dose of vaccine is recommended if they previously received only one dose. If a health care provider verifies the diagnosis based on the above criteria, then vaccination is not needed.</b></p>





<b>Special Considerations &amp; Instructions</b>	
	<ul style="list-style-type: none"><li>• Vaccine is very fragile and must be stored frozen (+5°F or -15°C or lower).</li><li>• Reconstituted product must be used within 30 minutes.</li><li>• Pregnancy should be avoided for 1 month following varicella vaccination.</li><li>• Diluent may be stored at room temperature.</li><li>• For corticosteroid recipients: administration of varicella should be avoided for at least 1 month after cessation of high dose therapy.</li><li>• Treatment with low dose (&lt;2mg/kg/day), alternate day, topical, replacement or aerosolized steroid preparations is <i>not a contraindication</i> to varicella vaccination.</li><li>• For chemotherapy recipients: administration of varicella should be avoided for at least 3 months after chemo cessation.</li><li>• Counsel varicella recipients: if a rash develops following vaccination, there is a possibility for these people to infect others but this is extremely rare.</li><li>• HIV infections with CD4 count <math>\geq 200</math> <math>\mu</math>L with no evidence of immunity: vaccination may be considered (2 doses administered 3 months apart); VAR contraindicated in HIV infection with CD4 count &lt; 200 cells /<math>\mu</math>L</li><li>• Asymptomatic or mildly symptomatic HIV-infected children age <math>\geq 12</math> months with <b><i>age-specific CD4+ T lymphocyte counts <math>\geq 15\%</math></i></b> and without evidence of varicella immunity should receive 2 doses of <b>single antigen</b> varicella vaccine 3 months apart.<ul style="list-style-type: none"><li>◦ <i>PROQUAD® should not be used in HIV infected children due to the difference in antigen composition.</i></li></ul></li><li>• All students in Georgia schools must provide documentation of vaccination or immunity</li><li>• Varicella vaccine administration is recommended as post-exposure prophylaxis for susceptible persons if given within 3-5 days of exposure to varicella disease.</li></ul>