

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

VACCINES FOR CHILDREN PROGRAM

VARICELLA

VACCINES TO PREVENT VARICELLA

The purpose of this resolution is to consolidate all previous resolutions pertaining to varicella vaccine into a single resolution. This resolution does not make any substantive changes to any previous resolution, except the following:

1. *Clarifies varicella vaccine contraindications and precautions.*
2. *Adds additional eligible groups*

VFC resolutions 6/95-4, 6/95-5, 6/97-1 and 6/98-2 are repealed and replaced by the following:

Eligible Groups

All susceptible children who are at least 12 months of age through 18 years.

Recommended Varicella Vaccine Schedule

Varicella vaccine is recommended as part of the routine childhood immunization schedule at 12-18 months of age.

Catch-Up Vaccination

The ACIP recommends varicella vaccine for all susceptible children who are at least 12 months old to prevent disease due to and transmission of varicella.

Recommended Dosage Intervals

One dose of varicella vaccine is recommended for children ages 12 months to 12 years; two doses are recommended for children and adolescents ages 13-18 years.

Vaccine	Minimum age for first dose	Minimum interval from dose 1 to 2 (where applicable)
Varicella	12 months	4 weeks

Recommended Dosages

Refer to product package inserts.

Contraindications and Precautions

The following conditions are contraindications and precautions to the administration of varicella vaccine:

1. **Allergy to vaccine components**
Anaphylactic reaction to the vaccine or a constituent of the vaccine (e.g. gelatin or neomycin).

2. **Moderate or severe illnesses with or without fever**
Varicella vaccine can be administered to persons with minor illness, such as diarrhea, mild upper respiratory tract infection, with or without low grade fever, or other illnesses with low grade fever. Persons with an illness associated with a moderate or severe fever should be vaccinated as soon as they have recovered from the acute phase of the illness. Although no data exist regarding whether either varicella or live varicella virus vaccine exacerbates tuberculosis, vaccination is not recommended for persons who have untreated, active tuberculosis. Tuberculin skin testing is not a prerequisite for varicella vaccination.

3. **Altered immune status**
Altered immune status due to: malignant condition (blood dyscrasia, leukemia†, lymphoma, or other neoplasms affecting the bone marrow or lymphatic system); primary or acquired immune deficiency, including acquired immunodeficiency syndrome (AIDS) or other clinical manifestations of HIV infection, cellular immunodeficiencies, hypogammaglobulinemia, and dysgammaglobulinemia; family history of congenital or hereditary immunodeficiency, unless immune competence of possible vaccine recipient is demonstrated; and individuals receiving immunosuppressive therapy.
 † *Except under research protocol*

4. **Receipt of blood products**

Varicella virus vaccine should not be given for at least 5 months after receipt of blood (except washed red blood cells) or plasma transfusions, immune globulin, or varicella zoster immune globulin. In addition, IG and VZIG should not be administered for 3 weeks after vaccination unless the benefits exceed those of vaccination.

5. **Steroid therapy**

Receiving doses of systemic prednisone or equivalent at a dose of ≥ 2 mg/kg of body weight per day or 20 mg/day.

6. **Exposure of immunocompromised persons to vaccinees**

In persons who develop a rash post-vaccination, there is a minimal risk of transmission of vaccine virus to close contacts. Thus, vaccinees in whom vaccine-related rash develops, particularly health care workers susceptible and household contacts of immunocompromised persons, should avoid contact with susceptible persons who are at high risk of serious complications.

7. **Salicylates**

Due to the association between wild varicella zoster infection, salicylates, and Reye syndrome, if feasible, vaccine recipients should avoid using salicylates for 6 weeks after receiving varicella virus vaccine. Vaccination with subsequent close monitoring should be considered for children who have conditions requiring therapeutic aspirin because the risk for serious complications associated with aspirin is likely to be greater in children in whom natural varicella disease develops than in children who receive the vaccine containing attenuated varicella zoster virus.

8. **Pregnancy**

It is prudent on theoretical grounds to avoid vaccinating pregnant women and to advise nonpregnant women who are vaccinated to avoid becoming pregnant for one month following each injection.

9. **Nursing mothers**

Whether attenuated VZV vaccine is excreted in human milk and, if so, whether the infant could be infected are not known. Most live vaccines have not been demonstrated to be secreted in human milk. Therefore, varicella vaccine may be considered for a nursing mother.

Adopted and Effective: October 21, 1998