

From the Acting Chief Medical Officer
Dr Elizabeth Mitchell



Department of
**Health, Social Services
and Public Safety**

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URGENT COMMUNICATION

HSS(MD)11/2009

AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

To: Medical Directors (*for dissemination to All consultant Obstetricians*)
Directors of Nursing HSC Trusts (*for onward dissemination to all hospital and community midwives*)
Regional Epidemiologists, CDSCNI
All General Practitioners (*to copy to all practice nurses*)
Consultant Microbiologists
Regional Virologists
All CCDGs
Trust Directors of Pharmacy
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Your Ref:

Our Ref: HSS(MD)11/2009

Date: 25 March 2009

Dear Colleague

IMPORTANT INFORMATION ABOUT MANAGEMENT OF PREGNANT WOMEN IN CONTACT WITH VARICELLA ZOSTER

The Regional Virus Laboratory (RVL) has identified an increase in the reporting of exposure to and cases of chickenpox in pregnant women. This urgent communication provides guidance on the management of exposure to varicella zoster (VZ) in pregnancy. The guidance on testing and prophylaxis below aims to:

- (i) Reduce the severity of maternal disease.
- (ii) Reduce the risk of fetal infection.
- (iii) Enable the RVL to continue provision of a sustainable testing and advisory service for clinicians.

Action for Trusts and Primary Care

Trusts and general practices providing care for pregnant women are asked to urgently review this guidance and ensure local arrangements are in place for the management of pregnant women in contact with varicella infection.

Varicella in Pregnancy

Varicella (chickenpox) is an acute, highly infectious disease caused by the varicella zoster (VZ) virus. The disease can be more serious in adults, particularly pregnant women. Pregnant women appear to be at greatest risk late in the second or early in the third trimester.

The risk of fatal varicella is estimated to be about 5 times higher in pregnant than non pregnant adults. For neonates and immunosuppressed individuals, the risk of disseminated or haemorrhagic varicella is greatly increased. Detailed information on the risk to the fetus and neonate from maternal varicella infection is available in *Immunisation against infectious diseases*, 'The Green Book' -

http://www.dh.gov.uk/en/Publichealth/Healthprotection/Immunisation/Greenbook/DH_4097254

Who should be tested?

Women who have a significant exposure to varicella or herpes zoster at any stage of pregnancy should seek medical attention as soon as possible. Those with a past history of chickenpox or zoster do not require an antibody test and can be reassured. Those with a negative or uncertain history must be tested for VZ antibody. For patients with actual chickenpox, phone the consultant virologist at 028 9063 5239 or via the RVH switchboard 028 90240503.

What is a significant exposure?

Significant exposure to varicella includes: continuous home contact; contact in the same room for 15 minutes or more; face-to-face contact e.g. having a conversation, with a case of a) chickenpox or b) exposed shingles, disseminated zoster or localised zoster in an immunocompromised patient.

How soon should they be tested?

They should be tested as soon as possible to allow for varicella immunoglobulin (VZIG) prophylaxis if necessary within ten days of contact.

A blood sample should be taken from the woman who has been exposed. The 'Contact with varicella in pregnancy' form must be completed and can be downloaded from <http://tinyurl.com/cmrdpn> (Copy at Annex A). Requests on other forms often do not identify to the laboratory that an exposure has taken place, the nature and timing of the exposure, or contact details of the requesting physician. This essential information is prompted by the form and can be difficult to obtain later. The form and blood should be sent to the RVL immediately.

What prophylaxis is available?

Pregnant women who are VZ IgG negative can be offered VZIG if they are within 10 days of the exposure. For continuous household exposure (for example when a child in the household is infected), VZIG should be offered within ten days of the onset of rash in the index case. When supplies of VZIG are short, issues to pregnant women may be restricted.

Aciclovir and valaciclovir are not licensed to be used for prophylaxis and so cannot yet be recommended for this purpose.

