

From The Chief Medical Officer:  
Dr Henrietta Campbell

Castle Buildings  
Upper Newtownards Road  
Belfast BT4 3SQ

Telephone: 028 90 520563  
Fax: 028 90 520574

E-Mail: [henrietta.campbell@dhsspsni.gov.uk](mailto:henrietta.campbell@dhsspsni.gov.uk)

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To:

All General Practitioners (*for onward distribution to practice staff, including practice nurses*)  
All Community Pharmacists  
Chief Executives, Health & Social Services Boards and Trusts  
Directors of Public Health, Health & Social Services Boards  
Medical Directors, Health & Social Services Trusts (*for onward distribution to all Consultants*)  
Consultants in Communicable Disease Control, Health & Social Services Boards  
GP Medical Advisers, Health & Social Services Boards  
Directors of Nursing, Health & Social Services Boards  
Directors of Nursing, Health & Social Services Trusts (*for onward distribution to Community Nurses*)  
Directors of Pharmaceutical Services, Health & Social Services Trusts, Boards and CSA  
Consultant Microbiologists  
Consultants in Occupational Health  
Occupational Health Departments  
Regional Epidemiologist, CDSC(NI)  
Regional Procurement Pharmacists  
Dr Philip Mc Clements, Prison Healthcare Services  
Occupational Health Service

Dear Colleague

### **CHICKENPOX (VARICELLA) IMMUNISATION FOR HEALTH CARE WORKERS**

1. The purpose of this letter is to advise you of a new varicella (chickenpox) vaccination policy. Following advice from the Joint Committee on Vaccination and Immunisation (JCVI), varicella immunisation is now recommended for non-immune health care workers (HCWs), who work in primary care and in hospitals (both in the HPSS and privately) and who have direct patient contact ([www.doh.gov.uk/jcvi/mins25jan02.htm](http://www.doh.gov.uk/jcvi/mins25jan02.htm)).
2. This is recommended to protect susceptible HCWs and also to protect vulnerable patients from acquiring chickenpox from an infected member of staff. As well as reducing the exposure of vulnerable patients to staff with varicella, this recommendation will avoid the need to exclude susceptible staff and the significant costs incurred following a varicella zoster virus (VZV) exposure.
3. The recommendation is for the selective immunisation of susceptible HCWs. HCWs with direct patient contact who have no previous history of chickenpox or shingles infection will need to have a blood test to check their immunity. Those who are seronegative (i.e. with no evidence of immunity) should be recommended the vaccine.
4. Varicella vaccine is not currently recommended for routine use in children.

5. Full details of the policy for use of this vaccine are in Annex 1 and in the new varicella chapter of Immunisation against infectious disease available on the Department of Health website ([www.doh.gov.uk/greenbook](http://www.doh.gov.uk/greenbook)). A sample information sheet offering advice for immunised HCWs is attached to this circular . This information will also be available to download from [www.dhsspsni.gov.uk/publichealth](http://www.dhsspsni.gov.uk/publichealth).
6. We trust that you find this information helpful and encourage you to protect yourselves, your colleagues and your patients.

Further advice on the content of this circular may be obtained from the following:

Dr Lorraine Doherty (Medical Issues)	Tel: 028 90 520717
Dr Vanessa Chambers (Pharmaceutical Issues)	Tel: 028 90 523279
Dr Carolyn Mason (Nursing Issues)	Tel: 028 90 520795

Yours sincerely

**Dr H Campbell**  
**Chief Medical Officer**

**Dr N Morrow**  
**Chief Pharmaceutical Officer**

**Miss J Hill**  
**Chief Nursing Officer**

**Mrs Doreen Wilson**  
**Chief Dental Officer**

cc: Dr I Carson, DCMO  
Dr M Briscoe  
Dr E Mitchell  
Mrs D Kenny  
Mr J Livingstone  
Mr D Sullivan  
Mr D Bingham  
Mr G Dorrian

This letter is available at [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk) and also on the DHSSPS Extranet which can be accessed directly at <http://extranet.dhsspsni.gov.uk> or by going through the HPSS Web at <http://www.n-i.nhs.uk> and clicking on DHSSPS.

## Recommendation For Use Of Varicella Vaccine

1. The recommendation covers non-immune HCWs, working in general practice and in hospitals who have direct patient contact. Those having direct patient contact include ambulance drivers, cleaners on wards, catering staff, and receptionists in general practice as well as medical, nursing, dental and other professional staff, whether employed directly or through a subcontract. Health care workers with a definite history of chickenpox or herpes zoster can be considered already immune. Those with a negative or uncertain history of chicken pox or herpes zoster should be serologically tested and vaccine offered only to those without varicella zoster (VZ) antibody. It is estimated that around 10% of adults are seronegative for chickenpox and so around 10% of HCWs who have patient contact will require the vaccine.
2. Non-immune HCWs should receive two doses of live attenuated varicella vaccine 4-8 weeks apart. Routine post-vaccination serological testing is not advised.
3. HCWs should be told at the time of vaccination that they may experience a local rash around the site of injection or a more generalised rash in the month after vaccination. In either case they should report to their occupational health department for assessment. If the rash is generalised and consistent with a vaccine-associated rash (papular or vesicular) the HCW should avoid patient contact until all the lesions have crusted. HCWs with localised vaccine rashes that can be covered with a bandage and/or clothing should be allowed to continue working unless in contact with high risk patients when an individual risk assessment should be made.
4. Varicella vaccine is contraindicated in pregnancy. Pregnancy should be avoided for 3 months following vaccination. Surveillance of cases of inadvertent vaccination in pregnancy in the United States of America has not identified any specific risk to the fetus. Nevertheless, it is important to record such cases and to document the outcome of pregnancy. Surveillance of inadvertent vaccination in pregnancy is being established by the Immunisation Division of the Health Protection Agency to whom such cases should be reported (0208 200 6868 ext 4405).

## Serological Testing

5. A range of commercially available antibody tests is available. Advice on relative performance can be obtained from the Enteric, Respiratory and Neurological Virus Laboratory (ERVVL), Health Protection Agency (020 8200 4400 ext 3016).

## Implementation Of The New Policy

6. This recommendation comes into effect immediately and is for trusts to implement to a timetable which reflects local circumstances and resources, with priority being given in the following order:
  - (i) Those working with immunocompromised patients (such as staff in oncology, haematology and transplant wards)

- (ii) Those working in neonatal, maternity and paediatric units
- (ii) Those working in infectious disease units
- (iv) New entrants to the health service
- (v) All other relevant staff.

## Funding

7. In other parts of the UK no additional funding has been allocated for this programme. However DHSSPS has identified some limited funding for this programme to reflect the need to purchase vaccine and also the impact on occupational health staff time.

## Vaccine Supply

8. There are two licensed varicella vaccines ‘Varilrix®’ (Oka/RIT strain) (GlaxoSmithKline) and ‘Varivax®’ (Oka/Merck strain) (Aventis Pasteur MSD) and the details are as shown below:

Company	Product	Pack Size	Trade Price (excl. vat)	Order in multiples of	IMS Code	PIP Code	EAN Number
GlaxoSmithKline	Varilix	1	£29.37	1	NVRX	276-2507	5000483111144
Aventis Pasteur MSD	Varivax	1	To be announced	1			5015973643012

Ordering – With immediate effect, all orders for ‘Varilrix’ should be directed to your usual GSK wholesaler/supplier. For further information please contact: GlaxoSmithKline, Customer Contact Centre, Building 10, Stockley Park West, Uxbridge UB11 1BT.

Freephone orders and enquiries: 0808 100 9997.

Varivax®, will be available from Aventis Pasteur MSD in Spring 2004.

For further information please contact Aventis Pasteur MSD, Mallards Reach, Bridge Avenue, Maidenhead, Berks SL6 1QP. Tel: 01628 785291

## Advice For Pharmacists

9. Varilrix is available as a vial containing one dose of 0.5ml powder for reconstitution and solvent for solution for injection. The colour of the reconstituted vaccine may vary from a pink to red solution. Varivax is presented as a vial containing one dose of 0.5ml powder and solvent for suspension. When reconstituted it is a clear, colourless to pale yellow liquid.
10. Seronegative adults should receive two doses (each of 0.5ml of reconstituted vaccine), with an interval between doses of approximately 8 weeks. Both manufacturers’ vaccines should be administered by subcutaneous injection.

## **Adverse Reactions**

11. As both varicella vaccines are new products, they will carry a black triangle (▼) symbol. Please could all health professionals remember the need to report all (serious and non-serious) adverse reactions suspected to be associated with the vaccine. Reports should be submitted even where a causal relationship is uncertain and irrespective of whether the reaction is well recognised, or whether other drugs have been given concurrently. Suspected adverse reactions should be reported to the Medicines and Healthcare products Regulatory Agency through the Yellow Card Scheme in the normal manner. More details on the reporting guidelines for suspected reactions can be found in the British National Formulary.

## **Information Materials**

12. A sample information sheet for immunised HCWs (see Annex 2) is attached to this letter for further copying and use. This is also available on the Departments website at [www.dhsspsni.gov.uk/publichealth](http://www.dhsspsni.gov.uk/publichealth). A new Green Book chapter (Immunisation against Infectious Disease) is available at [www.doh.gov.uk/greenbook](http://www.doh.gov.uk/greenbook)

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## **Chickenpox (Varicella) Immunisation**

### **Information For Healthcare Workers In The HPSS**

This information sheet provides information on chickenpox (also known as varicella) and explains why it is important for certain healthcare workers to be immunised against it. If you have not had chickenpox (or shingles) and have not been immunised, you should contact your occupational health department for more information.

#### **Why Immunise Healthcare Workers?**

As well as protecting those workers who are not already immune, immunising healthcare workers will protect vulnerable patients who may become seriously ill if they catch chickenpox from someone looking after them.

#### **Who Does This Affect?**

This affects all healthcare workers who have direct contact with patients who are working in:

- General practice
- HPSS hospitals
- Private hospitals.

Healthcare workers who have direct contact with patients include:

- Medical staff
- Nurses
- Dentists
- Other professional staff
- Ambulance drivers
- Cleaners on wards
- Catering staff
- Receptionists in general practice.

whether employed directly or through a contract.

#### **Who Needs To Be Immunised?**

If you do not know whether you have had chickenpox or shingles (or you know you haven't), you should have a blood test to check if you have antibodies to the varicella virus.

If you are not immune, you will be offered the varicella vaccine.

## **What Is Chickenpox?**

Chickenpox (varicella) is a highly infectious disease, caused by the varicella zoster virus (VZV). VZV also causes shingles. The first infection with VZV will cause chickenpox. If the virus is then reactivated, it will cause shingles. When somebody has had chickenpox, the virus stays in the nerve cells and may be reactivated at any time in that person's life.

## **What Are The Signs And Symptoms Of Chickenpox?**

The first sign of illness is usually a rash that looks like small blisters and is very itchy. These small blisters then scab over and may sometimes leave a scar.

## **Is Chickenpox Serious?**

The disease is usually mild in children but may be more severe in adults and anyone who has a weakened immune system. If VZV is reactivated and causes shingles, the rash resembles the chickenpox rash but is usually found in one area and may be very painful as well as itchy.

Chickenpox infection in the first 20 weeks of pregnancy is occasionally associated with abnormalities in the baby. Mothers who get chickenpox in the five days before or the two days after delivery may pass the infection on to their baby.

## **How Is Chickenpox Spread?**

VZV is highly infectious and spreads easily from person to person. It is spread through droplets in the air, either from the small blisters caused by VZV or from the throats of people who have chickenpox. It may also be spread by touching the blisters or clothing and bedding soiled by discharge from the blisters.

## **What Is Chickenpox Vaccine?**

Chickenpox (varicella) vaccine is a live attenuated (weakened) vaccine which comes from the Oka strain of varicella zoster virus. Healthcare workers who are not immune should receive two doses of the varicella vaccine four to eight weeks apart.

## **Should I Expect A Reaction To The Immunisation?**

After immunisation you may get some soreness and swelling at the site of the injection.

You may experience a chickenpox-like rash around the site of the injection or a more generalised rash in the first month after immunisation. If this happens you should go to your occupational health department (or GP if working in primary care) for them to check the rash.

If the rash is generalised and associated with the vaccine, you should avoid contact with patients until all the blisters have crusted.

If you have a localised vaccine rash that you can cover with a bandage or clothing, you will be able to continue working unless you have contact with high-risk patients. In this case, you should seek advice from your occupational health department before going back to work.

## **Are There Any People Who Should Not Be Immunised With Chickenpox Vaccine?**

You should not have the vaccine if:

- You have a weakened immune system(immunocompromised) through either illness or treatment; or
- You are pregnant or trying to become pregnant, because the effects of varicella vaccine on a developing foetus are unknown.

Pregnancy should be avoided for 3 months after immunisation.

## **What Should I Do If I Find Out I Am Pregnant After Having The Vaccine?**

Surveillance in the USA of cases where women were vaccinated without knowing they were pregnant has not identified any specific risk to the foetus. Nevertheless, it is important to record these cases and to document the outcome of pregnancy. If you are vaccinated while pregnant, you should let the Immunisation Division of the Health Protection Agency known by phoning 0208 200 6868 extension x 4405.