

IMMUNOBIOLOGICS

IMMUNOBIOLOGIC	PRIMARY IMMUNIZATION SCHEDULE	BOOSTER SCHEDULE	COMMENTS AND CONTRAINDICATIONS
<p>Varicella Vaccine Live Attenuated</p> <p>Varivax® Merck</p>	<p>Children 12 months to 12 years:</p> <p>Dose 1: 0.5 mL SC*</p> <p>Dose 2: 0.5 mL SC* at 4-6 years of age, or at least 3 months after the first dose**</p> <p>** If the second dose is inadvertently administered at least 28 days following the first dose, the second dose does not need to be repeated.</p> <p>Persons 13 years and older (including adults):</p> <p>First: 0.5 mL SC*</p> <p>Second: 0.5 mL SC* 4-8 weeks later</p> <p>* To reconstitute the vaccine: Withdraw the entire contents of the diluent vial into a syringe. Inject all of the diluent in the syringe into the vial of lyophilized vaccine and gently agitate to mix thoroughly. Withdraw the entire contents into a syringe and inject the total volume of reconstituted vaccine subcutaneously (SC).</p> <p>Discard reconstituted vaccine if not used within 30 minutes.</p>	<p>Not established</p>	<p>If measles, mumps, and/or rubella vaccine is also indicated, use of licensed sMMRV vaccine is preferred over separate injection of equivalent component vaccines.</p> <p>Post-exposure Immunization: Varicella vaccine administered to susceptible persons within three days and possibly up to five days after varicella exposure may prevent or significantly modify disease.</p> <p>Adverse Reactions: Fever 102° F (15%), injection site erythema or pain or swelling (20%), varicella-like rash at injection site (3%), varicella-like rash generalized (4%-6%, average 5 lesions). Breakthrough infection (1% of vaccine recipients per year develop chickenpox, but illness is milder than what is seen in unimmunized individuals). Zoster caused by the vaccine virus has been reported, mostly among vaccinated children.</p> <p>Precautions:</p> <ul style="list-style-type: none"> • Postpone vaccination of persons with moderate or severe acute illnesses until the condition has improved. • Do not administer for 3-11 months after receipt of antibody containing blood products (see table 2, page5). • Vaccination is not recommended for persons known to have untreated active tuberculosis. • Avoid the use of salicylates for 6 weeks after vaccination because of the association between aspirin use and Reye syndrome following chickenpox. <p>Contraindications:</p> <ul style="list-style-type: none"> • History of anaphylactic reaction to a prior dose of vaccine or to any vaccine component, including gelatin and neomycin. • Immunosuppression due to leukemia*, lymphoma, generalized malignancy, • Immune deficiency disease, or immunosuppressive therapy (note, treatment with low-dose [less than 2 mg/kg/day], alternate-day, topical, replacement, or aerosolized steroid preparations is not a contraindication to varicella vaccination. Persons whose immunosuppressive therapy with steroids has been discontinued for 1 month [3 months for chemotherapy] may be vaccinated.) • Varicella vaccine should not be administered to persons with cellular immunodeficiency. However, persons with isolated humoral immunodeficiency (e.g., hypogammaglobulinemia and agammaglobulinemia) should be vaccinated. • Persons with moderate or severe cellular immunodeficiency resulting from infection with HIV, including persons diagnosed with acquired immunodeficiency syndrome (AIDS) should not receive varicella vaccine. However, HIV-infected children aged 12 months and older in CDC clinical class N, A, or B with CD4+ T-lymphocyte counts equal to 15% or higher and without evidence of varicella immunity should receive two doses of single antigen varicella vaccine at a minimum interval of 3 months. • Pregnancy (Avoid pregnancy for at least 1 month post vaccination.) There is a registry to report inadvertent vaccination of a pregnant woman or a woman who became pregnant within 3 months of vaccination (800-896-8999). <p>* Vaccine is available from Merck under a research protocol for special use in certain patients with acute lymphoblastic leukemia in remission.</p>