

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>First: 0.5 mL Subcutaneous (SC) Second: 0.5 mL SC at 4-6 years of age, or at least 3 months after the first dose¹</p> <p>¹ 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 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>For children 12 months through 12 years of age who also need immunization against measles, mumps, rubella, the measles-mumps-rubella-varicella vaccine (MMRV) can be considered; see MMRV.</p> <p>Indications:</p> <ul style="list-style-type: none"> • Children should vaccinated at age 12 - 15 months and receive a second dose at age 4 - 6 years (may be administered earlier provided >3 months have elapsed after the first dose) • All adolescents and adults without evidence of immunity should be vaccinated (2 doses 4 – 8 weeks apart). • Because of their increased risk for transmission to persons at high risk for severe disease or their increased risk of exposure, vaccination is especially important for persons without evidence of immunity in the following groups: <ul style="list-style-type: none"> ○ persons who have close contact with persons at high risk for serious complications (e.g., health-care personnel and household contacts of immunocompromised persons); ○ persons who live or work in environments in which transmission of varicella zoster virus is likely (e.g., teachers, child-care workers, and residents and staff in institutional settings); ○ persons who live and work in environments in which transmission has been reported (e.g., college students, inmates and staff members of correctional institutions, military personnel); ○ nonpregnant women of childbearing age; ○ adolescents and adults living in households with children; and international travelers. • Upon completion or termination of pregnancy, women who do not have evidence of varicella immunity should be vaccinated. • Vaccination should be considered for HIV-infected children with age-specific CD4+ T-lymphocyte percentage >15% and may be considered for adolescents and adults in with CD4+ T-lymphocyte count >200 cells/μL. <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:</p> <ul style="list-style-type: none"> • Local reactions, such as injection site pain, soreness, erythema, and swelling, are the most common adverse reactions. Based on information from the manufacturer’s clinical trials of varicella vaccine, local reactions are reported by 19% of children and by 24% of adolescents and adults (33% following the second dose). • A varicella-like rash at injection site is reported by 3% of children and by 1% of adolescents and adults following the second dose. In both circumstances, a median of two lesions have been present. These lesions generally occur within 2 weeks, and are most commonly maculopapular rather than vesicular. • A generalized varicella-like rash is reported by 4%–6% of recipients of varicella vaccine (1% after the second dose in adolescents and adults), with an average of five lesions. Most of these generalized rashes occur within 3 weeks and most are maculopapular. (If a vaccinated person develops a rash, close contact with persons who do not have evidence of varicella immunity and who are at high risk of complications of varicella should be avoided until the rash has resolved.) • Fever within 42 days of vaccination is reported by 15% of children and 10% of adolescents and adults. The majority of these episodes of fever have been attributed to concurrent illness rather than to the vaccine. • Zoster caused by the vaccine virus has been reported, mostly among vaccinated children. The risk of zoster following vaccination appears to be less than that following

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<p>Varicella Vaccine Live Attenuated (continued)</p>			<p>infection with wild-type virus. The majority of cases of zoster following vaccine have been mild and have not been associated with complications such as postherpetic neuralgia.</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). • 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 diseases (including HIV and AIDS) or immunosuppressive therapy. <p><u>Varicella vaccination should be considered for:</u></p> <ul style="list-style-type: none"> ○ Persons whose immunosuppressive therapy with steroids has been discontinued for 1 month [3 months for chemotherapy]. Note: treatment with low-dose [less than 2 mg/kg/day], use of alternate-day, topical, replacement, or aerosolized steroid preparations is not a contraindication to varicella vaccination. ○ Persons with isolated humoral immunodeficiency (e.g., hypogammaglobulinemia and agammaglobulinemia). Note that blood products used to treat humoral immunodeficiency may interfere with the response to vaccination. Recommended spacing between administration of the blood product and receipt of varicella vaccine should be observed (see table 2, page 5) ○ HIV-infected children with CD4 T-lymphocyte percentage of 15% or higher, and older children and adults with a CD4 count of 200 per microliter or higher. <ul style="list-style-type: none"> • 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).
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