4th December 2003

CHICKENPOX (VARICELLA) IMMUNISATION FOR HEALTH CARE WORKERS

Dear Colleague

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 NHS and privately) and who have direct patient contact. (www.doh.gov.uk/jcvi mins25jan02.htm) 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. 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.

- 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).

- Information leaflets offering after-care advice for immunised HCWs will be sent to occupational health departments and primary care trusts by the end of December.

- Varicella vaccine is not currently recommended for routine use in children.
We trust that you find this information helpful and encourage you to protect yourselves, your colleagues and your patients.

Sir Liam Donaldson
Chief Medical Officer

Sarah Mullally
Chief Nursing Officer

Prof Ramon Bedi
Chief Dental Officer

Dr Jim Smith
Chief Pharmaceutical Officer

This document has been authorised by the Department of Health: Gateway reference no. 2030.

Annex 1

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

For information
- Regional Directors of Public Health
- General Practitioners
- Practice Nurses
- All Pharmacists

Chickenpox (varicella) immunisation for health care workers
PL/CDO/2003/1, PL/CPHO/2003/6

Date: 4th December 2003

For further information please contact:
Dr Jane Leese (Medical issues)
Karen Noakes (Policy issues)
Carole Fry (Nursing issues)
Mrs Loraine Gershon (Pharmacy issues)
Mrs June Boggis (Supply issues)

Address
Skipton House
80 London Road
London SE1 6LH

Requests for further copies should be addressed to:
Fax: 01623 724 524
Write to Department of Health
PO Box 777, London SE1 6XH
Email: doh@prolog.uk.com

For correction of any discrepancies in changes of address, practice or name, please contact:
The Medical Mailing Company
PO Box 60, Loughborough
Leicestershire LE11 0WP
Tel: Freephone 0800 626387

For changes to pharmacists contact details please write to:
Registration Dept.
RPSGB
1 Lambeth High Street
London SE1 7JN

For changes to dentists contact details please write to:
Eileen Mann, 232B Skipton House, 80 London Road, London, SE1 6LH.

For changes to occupational health contact details please write to Helen Banks, NHS Plus team, 330B Skipton House, 80 London Road, London, SE1 6LH, or email nhsplus@doh.gsi.gov.uk

This letter is also available on the Internet at: http://www.doh.gov.uk/cmo
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 (ERVL), 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
   (iii) Those working in infectious disease units
   (iv) New entrants to the health service
   (v) All other relevant staff.

Funding
7. It has been estimated that such a policy would be overall cost neutral, and may be cost saving to National Health Service (NHS) Trusts. No central funding is therefore available for the implementation of this policy. However, although there is no net cost, it is recognised that there may be an adverse impact on occupational health budgets with savings in other budgets. NHS trusts and primary care trusts (PCTs) should take this into account in implementing the policy. PCTs have already received funding - rising to £8m this year - to put in place occupational health services for primary care professionals working in general practice. PCTs were allocated a non-recurrent sum during 2002/03 to enable them to undertake preparatory work to extend occupational health services to general dental practitioners and their staff. PCTs will shortly receive details of additional funding allocations to start developing occupational health services for general dental practitioners and their practice staff.

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:

<table>
<thead>
<tr>
<th>Company</th>
<th>Product</th>
<th>Pack size</th>
<th>Trade Price (excl VAT)</th>
<th>Order in multiples of</th>
<th>IMS Code</th>
<th>PIP Code</th>
<th>EAN Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>GlaxoSmithKline</td>
<td>Varilrix</td>
<td>1</td>
<td>£29.37</td>
<td>1</td>
<td>NVRX</td>
<td>276-2508</td>
<td>5000483111144</td>
</tr>
<tr>
<td>Aventis Pasteur MSD</td>
<td>Varivax</td>
<td>To be announced</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>5015973643012</td>
</tr>
</tbody>
</table>
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.

NHS Occupational Health Smart Card (OHSC) scheme

12. The Smart Card (OHSC) scheme is being introduced throughout all NHS hospital-based trusts in England. Medical staff, starting with doctors in training from 2001-2004, will be issued with a Smart Card that stores information on personal health checks carried out. The system is designed to save administrative time and enable staff to start work without delay when starting a new NHS placement. Data fields for immunisation details, including personal history, test results or immunisation with chickenpox vaccine are included on the Smart Card. It is recommended that Smart Cards should be checked before carrying out any serological testing/immunisation and details should be updated upon completion.

Information materials

13. Samples of information leaflets for immunised HCWs will be sent to occupational health departments and primary care trusts in December. Further copies can be ordered from Department of Health publications by fax: 01623 724524, email: doh@prolog.uk.com or telephone: 08701 555455 (please quote the 5-digit Smart code printed on the back of materials). A new Green Book chapter (Immunisation against Infectious Disease) is available at www.doh.gov.uk/greenbook.