

Varicella Vaccine (Live Attenuated Viral Vaccine)

VARILRIX®

Supplier: GlaxoSmithKline Inc.

VARIVAX® III

Supplier: Merck Canada Inc.

INDICATIONS: ^A

- Infants at 12 months of age.
- Susceptible students in grade 6.
- Other susceptible individuals 12 months of age and older.
- Select special populations as indicated in [Part 2 – Immunization of Special Populations](#).

DOSES AND SCHEDULE:

Routine 1st dose for infants at 12 months of age: 1 dose given as 0.5 mL **SC**. Routine 2nd dose given at 4-6 years of age as MMRV, see [Part 1 – Immunization Schedules](#).

Catch-up program at grade 6: Routinely, 1 dose given as 0.5 mL **SC** for those with 1 prior dose. For unimmunized students, 2 doses given as 0.5 mL **SC**, 12 weeks apart. ^{B, C}

Susceptible persons 12 months-12 years of age (inclusive): 1 or 2 doses given as 0.5 mL **SC**, 12 weeks apart. ^{B, C}

Susceptible persons 13 years of age and older: 2 doses given as 0.5 mL **SC**, 6 weeks apart. ^D

Select special populations: as indicated in [Part 2 – Immunization of Special Populations](#).

ADMINISTRATION:

- Both products need to be reconstituted. Use the diluent provided with the vaccine.
- Administer the entire volume of reconstituted product.

BOOSTER DOSES:

No booster doses are recommended at this time.

^A As of June 2018, a varicella susceptible person is one without a history of lab confirmed varicella or herpes zoster after 12 months of age and without a history of age appropriate varicella immunization. Individuals with a documented exemption in the immunization registry prior to this date due to previous disease will be considered immune. A self-reported history of varicella or physician diagnosed varicella is adequate only if disease occurred before 2004.

^B If protection against MMR is also required for persons 4-12 years of age (inclusive), combination MMRV vaccine may be used.

^C For those 12 years of age and under, the recommended interval between 2 doses of varicella vaccine is 12 weeks; this is also the minimum interval to be used when scheduling a 2nd dose. However, if an interval as short as 4 weeks was used, the dose does not need to be repeated.

^D For those 13 years of age and older, the recommended interval between 2 doses of varicella vaccine is 6 weeks; this is also the minimum interval to be used when scheduling a 2nd dose. However, if an interval as short as 4 weeks was used, the dose does not need to be repeated.

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SEROLOGICAL TESTING:

- Serological testing is not routinely recommended before or after immunization.
- For recommendations for immunocompromised clients see [Part 2 – Immunization of Special Populations](#).

CONTRAINDICATIONS:

1. Immunocompromised as a result of disease or therapy: consult the appropriate health care provider (either the primary care physician or nurse practitioner most familiar with the client's current medical status or a medical specialist) and obtain a written referral regarding the appropriateness of varicella vaccine administration to persons whose immune status may be suppressed as a result of disease or therapy. Use [Referral Form for Varicella Vaccination](#). For more information, see [Part 2 – Immunization of Special Populations, Specific Immunocompromising Conditions](#).
2. Solid organ transplant recipients; varicella vaccination should have been completed prior to transplantation.
3. Family history of congenital immunodeficiency. See [Appendix C – Contraindications and Precautions for Immunization, Section 2 Assessment for Contraindications and Precautions](#).
4. Children or adults with chronic inflammatory diseases (e.g., inflammatory bowel disease, collagen-vascular disease) receiving significant immunosuppressive therapy. However, they may be immunized at least 6-12 weeks after they have completed or temporarily stopped the immunosuppressive therapy.
5. History of an anaphylactic reaction to a previous dose of any varicella vaccine, or to any component of the vaccine.
6. Pregnancy. Women of childbearing age should avoid pregnancy for 1 month following vaccination. If a pregnant woman is inadvertently vaccinated, or becomes pregnant in the month following vaccination, it should be reported to the company [immunization with VARIVAX® III should be reported to Merck Canada Inc., Medical Services (1-800-684-6686), immunization with VARILRIX® should be reported to GlaxoSmithKline Inc. (1-800-387-7374)].
7. Active untreated TB.

PRODUCT COMPONENTS:

VARILRIX®:

Potential allergens: neomycin sulphate.

Other components: amino acids, lactose, mannitol, sorbitol.

VARIVAX® III:

Potential allergens: hydrolyzed gelatin, fetal bovine serum, neomycin.

Other components: sucrose, urea, monosodium L-glutamate, sodium phosphate dibasic, potassium phosphate monobasic, potassium chloride.

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PRECAUTIONS:

- Varicella immunization should be given on the same day or delayed until 4 weeks after administration of any other live vaccine.
- For certain immunocompromised clients only: separate administration of MMR and varicella vaccine by at least 4 weeks (expert opinion BC Children's Hospital). For additional information, see [Part 2 – Immunization of Special Populations. Specific Immunocompromising Conditions.](#)
- Recent administration of an immune globulin preparation or blood product. See [Part 4 – Biological Products, Immune Globulin Preparations or Blood: Timing Intervals for Vaccines Containing Live Measles, Mumps, Rubella or Varicella Virus.](#)
- Women who receive Rhlg postpartum and are eligible for varicella vaccine should generally wait 3 months before being vaccinated with this vaccine. However, if there is a risk of exposure to varicella, a risk of pregnancy in the 3-month postpartum period, or a risk the vaccine may not be given later, varicella vaccine may be given prior to discharge with a 2nd dose at the recommended interval if indicated. If varicella vaccine is given within 3 months of receipt of Rhlg, serologic testing for varicella should be done 3 months postpartum and at least 1 month after the final dose. Women who have not mounted an antibody response should be revaccinated.
- Those less than 18 years of age should avoid taking salicylates for 6 weeks following immunization with varicella vaccine. This is based on the association between salicylate use and wild type varicella infection; Reye syndrome has not been reported in association with varicella vaccine. NACI recommends that children and teens on chronic salicylate therapy should be considered for immunization with close subsequent monitoring.
- Varicella vaccine may have reduced effectiveness if given concurrently with antivirals active against varicella zoster virus such as acyclovir, valacyclovir, or famciclovir. People taking long-term antiviral therapy should discontinue these drugs, if possible, at least 24 hours before administration of varicella vaccine and should not restart antiviral therapy until 14 days after vaccination.
- Do TB skin testing on the same day as varicella immunization or delay TB skin testing for ≥ 4 weeks.

SPECIAL CONSIDERATIONS:

- Special attention should be paid to identification of susceptible persons who are at increased risk of disease acquisition or disease severity as indicated in the [BC Communicable Disease Control Manual, Chapter 1: Varicella Zoster.](#)
- Interchangeability: there are no data on the interchangeability of VARIVAX® III and VARILRIX®. However, there is no biological reason for an inferior response to a series using both vaccines. For programmatic reasons a different product may be used for the 2nd dose.
- School children who have received their school entry vaccines prior to the launch of the 2nd dose varicella school entry program and who are not yet in grade 6 may be offered varicella vaccine opportunistically, or when they reach grade 6.
- Older children who previously received a single dose of varicella vaccine should be offered a 2nd dose of vaccine opportunistically.

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ADVERSE EVENTS:

Local: pain, redness, swelling. Rates of these events are slightly higher following 2nd dose.

Systemic: varicella-like rash, fever. Rates of these events are lower following 2nd dose.