# Varicella Routine, Catch-up and Post Exposure Prophylaxis Vaccine Protocol

vaccine protocol for Persons age 1 year and older

**Document reviewed and updated:** **June 6, 2023**

## Condition for protocol

To reduce incidence of morbidity and mortality of varicella disease.

## Policy of protocol

The nurse will implement this protocol for routine, catch-up and post exposure prophylaxis varicella vaccination.

## Condition-specific criteria and prescribed actions

**Delete this entire paragraph before printing/signing protocol.**

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action.]

Indications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Currently healthy child between age 1 through 6 years. | Proceed to vaccinate if meets remaining criteria. |
| Child is less than 1 year of age. | Do not give; reschedule vaccination when child meets age criteria |
| Person does not meet the age criteria for routine vaccination, which are ages 12 to 15 months for dose one and 4 to 6 years for dose two. | Proceed to vaccinate, follow catch-up intervals. |
| Currently healthy person with evidence of varicella immunity including any of the following:   * Written documentation of two doses of varicella vaccination. * Laboratory evidence of immunity or laboratory confirmation of disease. * Born in the U.S. before 1980 (except health care workers). * Health care provider diagnosis or verification of varicella disease; or * History of herpes zoster based on health care provider diagnosis. | Do not vaccinate. [Document date of diagnosis.] |
| Susceptible person has been exposed to someone with varicella disease within the past 5 days. | Proceed to vaccinate. Give one or two doses, depending upon vaccination history, for a total of two doses according to the minimum intervals. |

Contraindications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person had a severe allergic reaction to a previous dose of varicella vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person has a severe allergy to a component of varicella vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person has an immunosuppressive condition including any of the following conditions: leukemia, lymphoma, generalized malignancy, other immune deficiency disease except HIV – see below. | Do not vaccinate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Refer to primary care provider to determine fitness for receiving varicella vaccine.] |
| Person has an HIV infection. | [Refer to primary care provider to determine fitness for receiving varicella vaccine.] [If child is asymptomatic, proceed to vaccinate.] [If child has mild symptoms but has CD4 T-lymphocyte percentages of 15% or more, proceed to vaccinate.] |
| On immunosuppressive therapy defined as [on steroids for 2 or more weeks with a steroid dosage of 20 mg or more per day or Prednisone at 2 mg/kg body weight or more per day] | [Refer to primary care provider to determine when to give varicella vaccine.] [Okay to vaccinate if it has been at least 1 month since immunosuppressive therapy has been discontinued.] |
| Is immunocompromised due to receipt of any kind of chemotherapy or radiation therapy. | [Refer to primary care provider to assess when to give varicella vaccine.] [Okay to vaccinate if it has been at least 3 months since cessation of radiation or chemotherapy.] |
| Person has received a hematopoietic stem cell transplant (HSCT). | [Refer to primary care provider to determine when to give varicella vaccine.] [Proceed to vaccinate if it has been at least 24 months since HSCT.] |
| Person is pregnant. | Do not vaccinate. |
| Family history of altered immunocompetence, unless verified clinically or by laboratory testing as immunocompetent | Do not vaccinate, refer to primary care provider. |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person is currently on antibiotic therapy. | Proceed to vaccinate. |
| Person has a mild illness defined as temperature less than \_\_\_\_°F/°C with symptoms such as: {to be determined by medical prescriber} | Proceed to vaccinate. |
| Person has a moderate to severe illness defined as temperature \_\_\_\_°F/°C or higher with symptoms such as: {to be determined by medical prescriber} | Defer vaccination and {to be determined by medical prescriber} |
| Person is on low-dose immunosuppressive therapy defined as oral Prednisone less than 2 mg/kg/day, or on alternate-day therapy, topical, replacement, or aerosolized steroid preparations. | [Proceed to vaccinate.] [Refer to primary care provider to review medication and determine whether to proceed with varicella vaccination.] |
| Person received a live virus vaccine including MMR, FluMist or varicella vaccine within the past 4 weeks. | Defer vaccination:   * If a non-varicella live virus vaccine was given, delay at least 4 weeks from the live virus vaccine dose. * If varicella-containing vaccine, delay varicella vaccination for 3 months. |
| Person is on aspirin therapy. | [Refer to primary care provider to determine benefit versus risk and provide follow-up observation if vaccinated.] [Proceed to vaccinate and instruct patient/parent/guardian on need to observe for symptoms of Reye syndrome if receiving aspirin therapy and to defer resumption of salicylates until 6 weeks after vaccination.] |
| Receipt of antibody-containing blood product within past 11 months. | [Refer to primary care provider to determine vaccination schedule for varicella vaccine.] [Obtain date that person last received product and using the [CDC: Appendix A: Schedule and Recommendations (www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/recommended-intervals-between-administration.pdf)](https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/recommended-intervals-between-administration.pdf) table, determine: - Whether there should be a delay time and length of delay. - If delay is indicated, defer until interval is completed. - If deferral time is expired, vaccinate.] |

## Prescription

### Routine vaccination

* Give Varicella vaccine 0.5 ml, subcutaneously (SC) or intramuscularly (IM); dose 1 at age 12 through 15 months and dose 2 between age 4 through 6 years.
  + Dose 2 may be given earlier in an outbreak situation, if at least 3 months have elapsed since dose 1.

### Catch-up schedule

* **For children age 15 months through 3 years**, give dose 1 now and complete the series with dose 2 at age 4 through 6 years.
  + Make sure that there is at least 3 months between dose 1 and dose 2.
* **For children ages 7 through 12 years**; give a total of two doses at least 3 months apart.
* **For persons 13 years and older**: give a total of two doses at least 4 weeks apart; however, HIV-positive persons should receive dose 2 at least 3 months following dose 1.

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date: