BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Date: **June 1, 2018** **Administrative Circular: 2018:08**

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

Re: Update to Communicable Disease Control Manual, Chapter 1: Varicella Zoster and Chapter 2: Immunization, Part 1 – Immunization Schedules, Part 2 – Special Populations, Part 4 – Biological Products, Supporting Documents – History of Immunization in BC

Chapter 1: Varicella Zoster

The varicella control guidelines have been updated through a task group process, and approved by Communicable Disease Policy Committee.

The main updates to the guidelines are as follows:

Section 2.1: The targets have been updated to reflect newly updated Canadian targets by the year 2025.

The sequence of the sections has been reordered to that in the measles, mumps and rubella guidelines for ease of information retrieval.

Section 4.1: The national case definition has been included, recognizing that varicella is not a reportable disease in British Columbia. This case definition may be useful when public health involvement in control is required such as during an outbreak.

Section 5.1: The laboratory testing section is new, and was not contained in the 2004 version. Importantly, testing is recommended in all cases of suspect or clinically diagnosed varicella, including in previously immunized persons. This recommendation ties into the updated definition of immunity, which requires laboratory confirmed varicella and no longer accepts self-reported or physician diagnosed chickenpox. Circumstances for testing of zoster cases are more restrictive. This section also contains instructions for how to collect specimens from vesicles and other sites. Advice on the application of serology is also included; importantly there is no role for IgM testing.

Section 5.5 Exclusion of cases in the community has been updated to reflect recommendations by the Canadian Paediatric Society that children well enough to attend regular activities may do so regardless of the state of the rash, because exposures will typically have occurred by the time varicella is recognized/ diagnosed. The role of public health is outlined in supporting schools and child care settings in development of protocols for notification of parents/ guardians about case of acute varicella and potential for exposure by high risk susceptible individuals. This section has been written to incorporate the lack of reportability of varicella in BC. In most circumstances, public health will not be informed about a case in such settings.

In Section 6.2 Assessment of susceptibility among exposed contacts, the definition of immunity has been updated, in line with the NACI statement on Varicella Proof of Immunity. Providers are encouraged to read this section closely as it is a substantial change from previous recommendations in which a physician diagnosis of varicella was deemed adequate proof of immunity. To accommodate the population of children who have been previously identified as exempt from vaccination due to 'prior disease' and registered as such in a public health immunization registry, such children are considered 'grandfathered' as immune; exceptions may be circumstances such as health care workers in whom serological proof of immunity may be requested, if without a history of varicella vaccination. Future ascertainment of 'prior disease' should adhere to the updated guidelines, which require laboratory proven varicella or zoster if the episode occurred in 2004 or later.

Section 7.0 Immunoprophylaxis of susceptible contacts section has been updated to reflect recommendations in the NACI Updated recommendations for the use of varicella zoster immune globulin (VarIg) for the prevention of varicella in at-risk patients.

The control of varicella in health care settings section has been removed. This advice is expected to be contained in a PICNet varicella guideline, which is to be developed, along the same lines of the measles, mumps and rubella PICNet guidelines.

Communicable Disease Policy Committee did not wish to have an outbreak control section as part of the guidelines.

The references have been updated.

Please remove and recycle any hardcopy of the 2004 guidelines you may have printed and replace with the 2018 guideline.

Chapter 2: Immunization

Part 1 - Immunization Schedules

- The varicella susceptibility definition has been revised to align with the Varicella CD guidelines for Schedules B, C, D, and E.

Please remove page numbers: 6 dated October 2017
7 & 9 dated August 2017
11 dated May 2017
Please add new page numbers: 6, 7, 9 & 11 dated June 2018

Part 2 - Immunization of Special Populations

Immunocompromised Individuals (General Information)

Immunization with Inactivated and Live Vaccines:

- The varicella susceptibility definition has been revised to align with the Varicella CD guidelines.
- Added content related to the assessment of a family history of congenital immunodeficiency prior to administering a live vaccine to an infant under 12 months of age.

Please remove page number: 1 dated November 2010
Please add new page number: 1 dated June 2018

Referral Forms

Referral Form for Varicella Vaccination:

- The varicella susceptibility definition has been revised to align with the Varicella CD guidelines.

Please remove page numbers: 1 & 2 dated June 2017
Please add new page numbers: 1 & 2 dated June 2018

Select Populations

Health Care Workers

- The varicella susceptibility definition has been revised to align with the Varicella CD guidelines.

Please remove page numbers: 1-3 dated January 2018
Please add new page numbers: 1-3 dated June 2018

Part 4 - Biological Products

Varicella Vaccines

Varicella Vaccine (Live Attenuated Viral Vaccine)
Varilrix® and Varivax® III

- Susceptibility definition has been revised to align with the Varicella CD Guidelines.
- Content related to pre-vaccination serological testing of those 13 years of age and older has been removed as this is no longer required.
- Content related to stability of reconstituted vaccine has been removed. This information can be found in the product monograph and applies only to the reconstituted vaccine while it is still in the vial.

Please remove page numbers: 1-4 dated January 2016
Please add new page numbers: 1-4 dated June 2018

Immune Globulins (HBIg, Ig, RabIg, TIg, VarIg)

Varicella Zoster Immune Globulin (VarIg)
VariZIG®

- The timeframe for which VarIg may be administered has been extended from 96 hours from last exposure to 96 hours to less than 10 days from last exposure.

Please remove page numbers: 1-3 dated April 2015
Please add new page numbers: 1-3 dated June 2018

MMR and MMRV Vaccines

Combination Measles-Mumps-Rubella and Varicella Vaccine (MMRV) Priorix-Tetra® and Proquad®

- The varicella susceptibility definition has been revised to align with the Varicella CD guidelines.
- Content related to stability of reconstituted vaccine has been removed. This information can be found in the product monograph and applies only to the reconstituted vaccine while it is still in the vial.
- Content added under PRECAUTIONS regarding the possibility of the varicella component of MMRV vaccine having reduced effectiveness if given concurrently with antivirals active against varicella zoster virus.
- Content related to the timing intervals for vaccines containing live Measles, Mumps, Rubella or Varicella virus and the administration of immunoglobulin preparations or blood products has been moved from CONTRAINDICATIONS to PRECAUTIONS.

Please remove page numbers: 1-3 dated April 2014
Please add new page numbers: 1-3 dated June 2018

Supporting Documents

History of Immunization in BC

- Under “Varicella Vaccine” added content regarding the definition of susceptibility changes which occurred in 2013 and 2018. Also added content indicating that pre-vaccination serological testing is no longer required for those ≥13 years of age and older.

Please remove page number: 21 dated May 2017
Please add new page number: 21 dated June 2018

If you have any questions or concerns, please contact Christine Halpert, Senior Practice Leader, BCCDC (telephone: 604-707-2555 / email: christine.halpert@bccdc.ca) or Katharine Chilton, Public Health Resource Nurse, BCCDC (telephone: 604-707-2522 / email: katharine.chilton@bccdc.ca).

Sincerely,

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