

Varicella Vaccination for Healthcare Providers

The Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC), with support by the Hospital Infection Control Practices Advisory Committee (HICPAC), recommends that healthcare institutions ensure that all healthcare providers have evidence of immunity to varicella. For healthcare providers, evidence of immunity includes any of the following:

- Documentation of two doses of varicella vaccine;
- Blood tests (antibody titers) showing immunity or laboratory confirmation of prior disease: or
- Receipt from a healthcare provider of a) a diagnosis of chickenpox or herpes zoster (shingles); or b) verification of a history of chickenpox or herpes zoster (shingles).

Birth before 1980 is not considered evidence of immunity for HCPs because of the potential for nosocomial transmission of varicella to high-risk patients.

Prevention of Varicella

Recommendations of the Advisory Committee on Immunization Practices (ACIP)

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Summary

Two live, attenuated varicella zoster virus--containing vaccines are available in the United States for prevention of varicella: 1) a single-antigen varicella vaccine (VARIVAX,[®] Merck & Co., Inc., Whitehouse Station, New Jersey), which was licensed in the United States in 1995 for use among healthy children aged ≥ 12 months, adolescents, and adults; and 2) a combination measles, mumps, rubella, and varicella vaccine (ProQuad,[®] Merck & Co., Inc., Whitehouse Station, New Jersey), which was licensed in the United States in 2005 for use among healthy children aged 12 months--12 years. Initial Advisory Committee on Immunization Practices (ACIP) recommendations for prevention of varicella issued in 1995 (CDC. Prevention of varicella: recommendations of the Advisory Committee on Immunization Practices [ACIP]. MMWR 1996;45[No. RR-11]) included routine vaccination of children aged 12--18 months, catch-up vaccination of susceptible children aged 19 months--12 years, and vaccination of susceptible persons who have close contact with persons at high risk for serious complications (e.g., health-care personnel and family contacts of immunocompromised persons). One dose of vaccine was recommended for children aged 12 months--12 years and 2 doses, 4--8 weeks apart, for persons aged ≥ 13 years. In 1999, ACIP updated the recommendations (CDC. Prevention of varicella: updated recommendations of the Advisory Committee on Immunization Practices [ACIP]. MMWR 1999;48[No. RR-6]) to include establishing child care and school entry requirements, use of the vaccine following exposure and for outbreak control, use of the vaccine for certain children infected with human immunodeficiency virus, and vaccination of adolescents and adults at high risk for exposure or transmission.

In June 2005 and June 2006, ACIP adopted new recommendations regarding the use of live, attenuated varicella vaccines for prevention of varicella. This report revises, updates, and replaces the 1996 and 1999 ACIP statements for prevention of varicella. The new recommendations include 1) implementation of a routine 2-dose varicella vaccination program for children, with the first dose administered at age 12--15 months and the second dose at age 4--6 years; 2) a second dose catch-up varicella vaccination for children, adolescents, and adults who previously had received 1 dose; 3) routine vaccination of all healthy persons aged ≥ 13 years without evidence of immunity; 4) prenatal assessment and postpartum vaccination; 5) expanding the use of the varicella vaccine for HIV-infected children with age-specific CD4+T lymphocyte percentages of 15%--24% and adolescents and adults with CD4+T lymphocyte counts ≥ 200 cells/ μ L; and 6) establishing middle school, high school, and college entry vaccination requirements. ACIP also approved criteria for evidence of immunity to varicella.