

INFORMATION SHEETS

VACCINATION AGAINST CHICKENPOX VIRUS

As a result of a recent blood test it is advisable that you receive vaccination against Chickenpox, this is to prevent you from contracting Chickenpox and then passing it to patients. This is a live vaccine meaning that you will be receiving a weakened version of the infection through the injection.

The vaccine is not suitable for all and it is important that you read this information and discuss the vaccine with your nurse before consenting to the 2 (two) doses of vaccine which are required 6 (six) weeks apart.

You should not have the vaccine if you are sensitive to any of its components including:

- Allergy/Hypersensitivity to any other Chickenpox vaccine
- Allergy/Hypersensitivity to Neomycin (an antibiotic used to treat skin infections)
- You have a high blood pressure
- You have a high temperature (fever)
- You are immuno-suppressed
- You are pregnant or breast feeding
- Pregnancy should be avoided for 3 (three) months after the 2nd vaccine

You should not have the vaccine if you are:

- Taking any medication that affects your immune system
- You are taking acyclovir, a drug used to treat herpes viruses
- You have had a blood transfusion or received blood proteins in the last 3 months
- You are taking aspirin (Salicylates) - **these should not be taken for 6 weeks after the vaccine.**

• Possible side effects

Like all vaccines Varivax can cause side effects although not everybody gets them. In adults the second dose is not likely to cause more severe side effects than the first dose.

Very common: (affects more than 10% people) Reactions at the site of the injection e.g. redness, pain and swelling.

Common: (affects less than 10%) Rash

Uncommon: swollen glands, headache, drowsiness, runny nose, sore throat or cough, feeling or being sick, rash with blisters, itching, joint or muscle pain, very high temperature, tiredness, feeling generally unwell, feeling irritable.

Rare: eye infection, stomach ache, diarrhoea, hives.

Very Rare: Allergic reaction(s): This can include any of the following: facial swelling, low blood pressure, difficulty breathing, your skin going blue (cyanosis), loss of consciousness. Should these

reactions happen, they usually start very soon after the injection. Seek medical help if they occur after you have left the clinic. If you have an allergic reaction see your Dr straight away.

Also very rare: dizziness, fits, painful rash with blisters, loss of control of body movements e.g. inability to walk or speak properly.

If you develop a rash / any spots or blisters following the vaccine (from between the first vaccine to 6 weeks after the second vaccine) you should be excluded from work immediately and contact Occupational Health for advice.

In the absence of a rash, the risk of transmission of the vaccine viral strain to contacts in at risk groups appears to be very small.

Nevertheless, vaccinees (e.g. healthcare workers) who are likely to come into contact with people in the groups listed below should try to avoid contact until 6 (six) weeks following the 2nd vaccine. If this is not feasible, then the vaccinee should be vigilant regarding the reporting of any skin rash during this period.

The risks of contracting Chickenpox as a result of receiving the vaccination are very small. However, as a precaution **it is very important** that you are not pregnant, or likely to become pregnant, in the next 3 (three) months following either of these 2 (two) injections.

Care should also be taken if you regularly have contact with pregnant women or immuno-suppressed clients.

Transmission of the vaccine viral strain has shown to occur from healthy vaccines (you) to healthy contacts, to pregnant contacts and to immuno-suppressed contacts although this occurs rarely or very rarely.

Passing on the weakened virus to pregnant women or immuno-suppressed people who have never had chickenpox can cause problems. These people have a very small risk of developing severe chickenpox from the weakened virus, also the pregnant mother can pass on a severe infection to the unborn child or new born infant.

If a rash develops that is considered to be related to the vaccine then all contact with the **following groups must be avoided:**

- Pregnant women who have never had Chickenpox
- Newborn babies whose mothers have never had Chickenpox
- People/clients who are immuno-suppressed either due to illness or treatment

Rash may occur any time after the first vaccine up to 4 to 6 weeks after the second vaccine. If a woman contracts Chickenpox during pregnancy the virus can cross the placental barrier and infect the developing baby. The outcome can be very serious. In the first 20 (twenty) weeks of pregnancy, Foetal Varicella Syndrome can occur in which the mortality rate for the unborn baby is high.

In the second and third trimesters of pregnancy the risks to the unborn baby are the same as that of a healthy infant. From one week before to a week after the delivery severe and even fatal disease can occur in the baby.