

Bulletin No. 17  
August 2, 2002

## Varicella (Chickenpox) Vaccine Shortage Ends - Return to Routine Schedule

In February 2002, varicella vaccine shortages necessitated restricting use of varicella vaccine to children attending child care facilities.<sup>1</sup>

The Centers for Disease Control and Prevention, National Immunization Program, has announced that the national varicella vaccine shortage is over. Vaccine supplies are sufficient to return to the routine schedule as recommended by the Advisory Committee on Immunization Practices (ACIP).<sup>2</sup>

**Alaska immunization providers may now use varicella vaccine according to routine recommendations.**

**Varicella Disease**

Varicella is a highly communicable disease caused by the varicella zoster virus. Although generally a benign, self-limiting illness, it may be associated with serious complications. The most common complications of varicella include secondary bacterial infections of skin lesions, dehydration, pneumonia, and central nervous system involvement.

In the pre-vaccine era, approximately 11,000 persons with varicella required hospitalization each year. Death occurred in approximately 1 in 60,000 cases. Most deaths occur in immunologically normal children and adults.

**Vaccine Recommendations**

*Varivax*®, the only currently licensed varicella vaccine, is a live attenuated viral vaccine. Vaccine efficacy is estimated to be 80-90% against infection and 95% against severe disease. Immunity appears to be long-lasting and is probably permanent in the majority of vaccinees.<sup>3</sup>

*Varivax*® may be given simultaneously with MMR and all other vaccines. However, if varicella and MMR vaccines are not administered at the same time, they should be separated by at least 28 days.

Varicella vaccine is recommended for children 12-18 months of age and for other susceptible persons, according to the following schedule.

**Table 1: Dosage and Administration of *Varivax*®**

Age at Administration	Dosage	# of Doses(Schedule)
12 mos-12 yrs	0.5 mL, SC	1 dose
≥ 13 yrs	0.5 mL, SC	2 doses(4-8 weeks apart)

**Storage and Handling Requirements**

Varicella vaccine is extremely fragile. **The vaccine must remain frozen at an average temperature of -15°C (+5°F) or colder. Any freezer (including frost-free) that reliably maintains an average temperature of -15°C (+5°F) and has a separate sealed freezer door is acceptable for storing *Varivax*®.** The vaccine may be stored at a refrigerator temperature of 2-8°C (36-46°F) for up to 72 continuous hours prior to reconstitution. Vaccine stored at 2-8°C (36-46°F) which is not used within 72 hours of removal from -15°C (+5°F) storage must be discarded. Contact the Alaska Immunization for specific disposal instructions.

**Vaccine Delivery**

Because of *Varivax*® strict storage and handling requirements, each medical facility supplied with the vaccine must be certified to provide varicella vaccine. To obtain certification information, contact Debbie Wiegele or Della Fisher at the Alaska Immunization Program at (907) 269-8000.

Unlike other vaccines available through the Section of Epidemiology, *Varivax*® is shipped to certified providers directly from the manufacturer. The vaccine is not available at the Alaska Immunization Program Office.

**References:**

1. Varicella Shortage Requires Temporary Change to Recommendations for Use of Varicella Vaccine. *Epidemiology Bulletin* No. 2, February 14, 2002.
2. Notice to Readers: Resumption of Routine Schedule for Varicella Vaccine. Centers for Disease Control and Prevention, *MMWR*. Aug. 2, 2002, Vol. 51, No. 30: p. 679.
3. Atkinson W, Wolfe S. Epidemiology and Prevention of Vaccine-Preventable Diseases: *The Pink Book*. 7th ed. Atlanta, GA: Centers for Disease Control and Prevention, January 2002.

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Errata: Epidemiology Bulletin No. 15, June 25, 2002 (Return to Routine Schedule for Td Vaccine). The Tetanus Wound Management chart (right) correctly states that Tetanus Immune Globulin (TIG) is NOT indicated in wound management if the patient has a history of 3 or more doses of tetanus/diphtheria vaccine. Thank you to Janet Smalley, MD of Palmer for pointing out this error.

**Tetanus Wound Management**

Vaccination History	Clean, minor wounds		All other wounds	
	TD	TIG	TD	TIG
Unknown or <3>	yes	no	yes	yes
3+ doses	no*	no	no**	no

\* yes, if >10 years since last dose \*\*yes, if >5 years since last dose