Varicella zoster exposure in immunosuppressed patients

RNHRD guidance on risk assessment and action needed

Royal National Hospital for Rheumatic Diseases

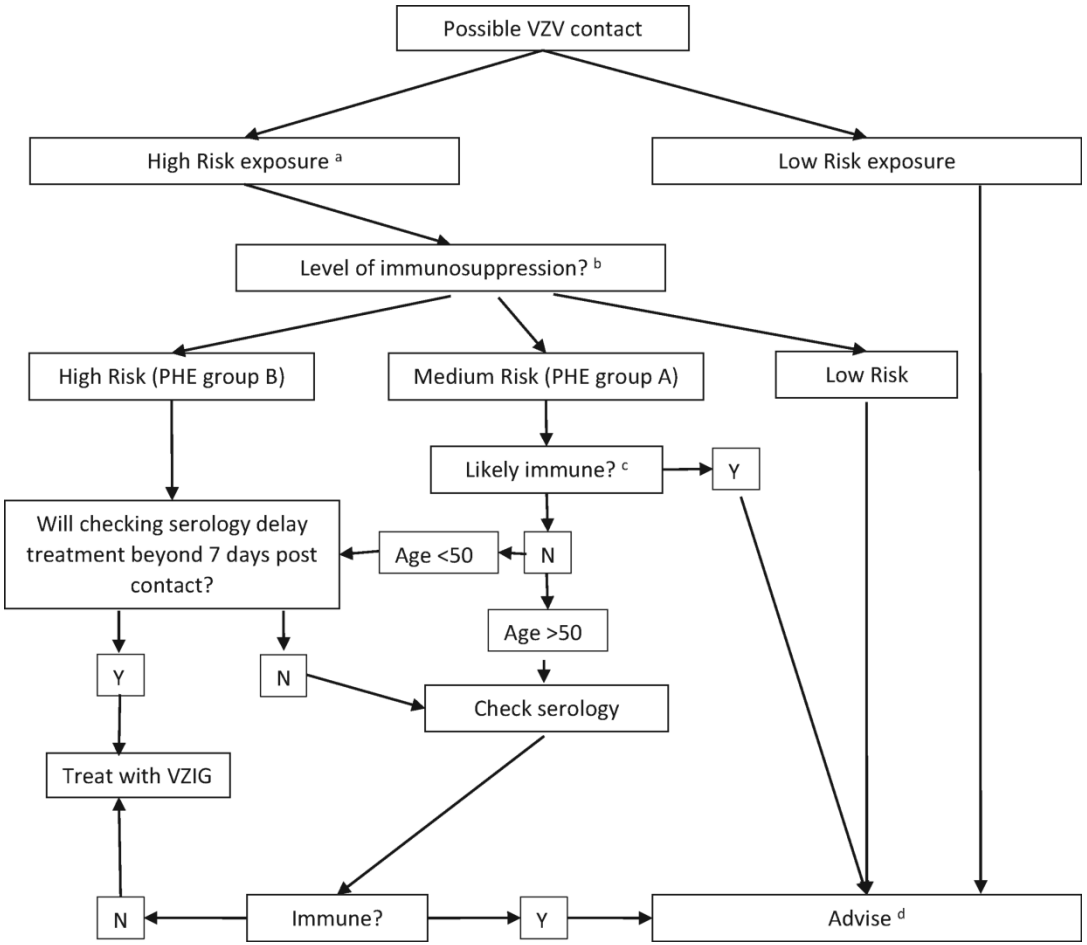
Royal United Hospitals Bath NHS

NHS Foundation Trust

Immunosuppressive risk of varicella zoster infection with different medications, inferred from guidance from PHE

Low Risk	Intermediate risk (PHE group A)	High risk (PHE group B)
Prednisolone (at lower dose than PHE group A) MTX <25mg/week AZA <3mg/kg/day SSZ HCQ	**Any of the following in the last 3 months:** Prednisolone > 40mg/day for > 1 week or >20mg for > 2 weeks or IM depot MTX >25mg/week AZA > 3mg/kg/day MCP 1.5mg/kg/day	**Any of the following in the last 6 months:** CYC Biologics Ciclosporin LEF MMF DMARD combination therapy except with HCQ only

From: Managing varicella zoster virus contact and infection in patients on anti-rheumatic therapy
Rheumatology (Oxford). 2017;57(4):596-605. doi:10.1093/rheumatology/kex189



Algorithm for approach following reported contact with varicella zoster virus in an immunosuppressed patient

Derived from PHE guidance for issuing VZIG (October 2016).
a) face to face or > 15 min in same room with any patient with chickenpox or exposed lesions (e.g. zoster ophthalmicus) or contact with an immunosuppressed patient with covered zoster.

b) See previous slide

c) History of chickenpox or shingles or varicella/shingles vaccination or prior serological evidence of immunity.

d) All patients should be advised to urgently report signs of infection.

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Zostavax use in immunosuppressed patients

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Zostavax is routinely offered to all patients aged **70-79** as part of the National vaccination programme. **This is a live-attenuated vaccine and the decision to administer this should be based on a clinical risk assessment**

Low Risk	Intermediate risk (PHE group A)	High risk (PHE group B)
Prednisolone (at lower dose than PHE group A) MTX <25mg/week AZA <3mg/kg/day SSZ HCQ	**Any of the following in the last 3 months:** Prednisolone > 40mg/day for > 1 week or >20mg for > 2 weeks or IM depot MTX >25mg/week AZA > 3mg/kg/day MCP 1.5mg/kg/day	**Any of the following in the last 6 months:** CYC Biologics Ciclosporin LEF MMF DMARD combination therapy except with HCQ only
Risk of VZV reactivation is low. Zostavax can be given.	**Zostavax should NOT be given**	**Zostavax should NOT be given**

Adapted from PHE Shingles (herpes zoster): the green book, chapter 28a. https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a

Manufacturers advice for MMF states live vaccines should be avoided. British Association of Dermatology also advises avoiding live vaccines for patients on MMF.

Patients Anticipating Immunosuppressive Therapy

The risk and severity of shingles is considerably higher amongst immunosuppressed individuals and therefore eligible patients anticipating immunosuppressive therapy should be assessed for vaccine eligibility **before** starting treatment that may contraindicate future vaccination.

Eligible individuals who have not received Zostavax should receive a single dose of vaccine at the earliest opportunity at least 14 days before starting immunosuppressive therapy, although leaving one month is considered preferable if a delay is possible.

The RNHRD Rheumatology team may recommend eligible individuals are vaccinated with Zostavax prior to starting potent immunosuppressants or biologic therapy, and should communicate this via the clinic letter.

From PHE Shingles (herpes zoster): the green book, chapter 28a.
https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a

Zostavax is routinely offered to all patients aged **70-79** as part of the National vaccination programme. **This is a live-attenuated vaccine and the decision to administer this should be based on a clinical risk assessment**

Non-Rheumatic contraindications
Current bone marrow or lymphatic disorder Untreated active TB Cellular immune deficiency incl. neutropaenia, hypogammaglobulinaemia HIV Pregnancy Anaphylactic reaction to components including neomycin, gelatin
Zostavax should NOT be given

For further information: PHE Shingles (herpes zoster): the green book, chapter 28a. https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a