



Briefing Note 2024/043

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Event: Updated advice on post-exposure prophylaxis for chickenpox and shingles

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Notified by: Immunisation and Vaccine Preventable Diseases Division

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### Instructions for Cascade:

This briefing note should be cascaded as follows:

- **NHS National Operations Centre** to cascade to: GP practices, NHS Trusts and in particular to maternity units, paediatric, infectious disease, oncology, haematology and microbiology departments
- **Devolved Administrations** to cascade to Medical Directors and other DA teams as appropriate to their local arrangements.
- **Regional Deputy Directors** to cascade to Directors of Public Health
- **Consultants in Public Health Infection (UKHSA microbiologists)** to cascade to NHS Trust infection leads
- Royal College of Obstetricians and Gynaecologists
- Royal College of Paediatrics and Child Health
- Royal College of General Practitioners

### Background and Interpretation:

Chicken pox (varicella) infection in neonates, immunosuppressed individuals and pregnant women can result in severe and even life-threatening varicella disease. To attenuate disease and reduce the risk of complications such as pneumonitis, post-exposure prophylaxis (PEP) with varicella-zoster specific immunoglobulin (VZIG) was the standard of care up until 2018.

Based on advice from an expert working group and in response to a severe supply shortage of VZIG across England, in 2018 provisional arrangements were put in place to restrict the use of VZIG to neonates and to women exposed in the first 20 weeks of pregnancy. For other groups, mainly immunosuppressed individuals and susceptible pregnant women exposed from 20 weeks gestation, anti-virals were advised as an alternative to VZIG. This offered the opportunity to undertake further evaluation of the effectiveness and acceptability of anti-virals in preventing symptomatic chickenpox infection in different risk groups. Data from these evaluations were reviewed in April 2022 and showed that for both immunosuppressed individuals and pregnant women, antivirals were as effective as VZIG and were generally well tolerated and acceptable to patient and health professionals. Antivirals were therefore subsequently recommended as first line PEP for all immunosuppressed and pregnant individuals, and neonates aged 4 weeks or above.



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In 2023, UKHSA were informed that the major supplier of VZIG was ceasing production and that the intramuscular product would no longer be available after September 30th 2024. The expert group was therefore reconvened to consider recommendations on the post-exposure prophylaxis for neonates in the absence of VZIG.

The recommendation of the group for those neonates at greatest risk of varicella infection following intra-uterine exposure was that they should be treated with both intravenous immunoglobulin (Varitect CP or IVIG) and intravenous anti-virals. A small supply of Varitect has now been centrally procured by UKHSA. The [UKHSA Guidelines on post exposure prophylaxis for varicella or shingles](#) and the [Varicella Green Book chapter](#) have been updated with this new advice. Local issuing centres that hold VZIG stock have also been made aware of this change. This advice is likely to be relevant to a very small number of exposures, estimated to be fewer than 20 cases per year across the country.

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### Implications and Recommendations for UKHSA Regions

Regional Health Protection Teams (HPTs) often undertake the risk assessment for PEP and are asked to note the updated guidance as follows:

- Antivirals are now recommended for post-exposure prophylaxis for all at risk groups including pregnant women, immunosuppressed individuals, and susceptible neonates.
- In addition, for neonates designated in Group 1 i.e. those exposed to their mother (in utero or post-delivery) within one week of onset of chicken pox in the mother) the antiviral treatment should be supplemented with intravenous (i.v.) varicella immunoglobulin either as a hyperimmune product (i.e. Varitect CP) (which can be obtained via the Duty Doctor/RIGS team in the same way that VZIG was) or normal intravenous immunoglobulin (IVIG) (which NHS trusts will have ready access to).
- A bolus dose of IVIG may also be considered for eligible groups for whom oral antivirals are contraindicated.

Chickenpox activity in the community often increases in the autumn and so there is likely to be an increase in requirements for anti-viral PEP over the winter months.

Regional Health Protection Teams are requested to flag the new guidance with local NHS and other system partners at relevant meetings, opportunities.

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### Implications and Recommendations for UKHSA sites and services

The Specialist microbiology network often support the risk assessment and undertake recommended laboratory investigation of high-risk contacts exposed to varicella. The network are asked to note the change in guidance of varicella post-exposure prophylaxis:

- Antivirals are now recommended for post-exposure prophylaxis for all at risk groups including, pregnant women, immunosuppressed individuals and susceptible neonates.
- In addition, for neonates designated in Group 1 i.e. those exposed to their mother (in utero or post-delivery) within one week of onset of chicken pox in



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the mother the antiviral treatment should be supplemented with intravenous (i.v.) varicella immunoglobulin either as a hyperimmune product (i.e. Varitect CP) (which can be obtained via the Duty Doctor/RIGS team in the same way that VZIG was) or normal intravenous immunoglobulin (IVIG) (which NHS trusts will have ready access to).

- A bolus dose of IVIG may also be considered for eligible groups for whom oral antivirals are contraindicated.

Consultants in Public Health Infection (CPHI) are requested to forward this briefing note to their local NHS Laboratories / microbiologists who may be involved in urgent requests for VZ IgG testing and the risk assessment for high-risk contacts exposed to varicella. In light of the current increase in community transmission, requests for urgent testing and PEP are likely to increase.

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### **Implications and recommendations for local authorities**

Local Authority Directors of Public Health are also asked to note the updated guidance.

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### **References / Sources of information**

UKHSA Guidelines on post exposure prophylaxis (PEP) for varicella or shingles: [Post exposure prophylaxis for chickenpox and shingles - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/post-exposure-prophylaxis-for-chickenpox-and-shingles)

Green Book Varicella Chapter:

[Varicella: the green book, chapter 34 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/varicella-the-green-book-chapter-34)

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