

Zostavax Contraindications – Update November 2017

Important Update for NSW GPs

Please ensure this is distributed to all doctors and nurses in the practice

H17/93348

1. Zostavax is contraindicated in patients with severe immunocompromise
2. Treatment with sulfasalazine is no longer a contraindication to Zostavax vaccination
3. If in doubt seek advice from a specialist or the NSW Immunisation Specialist Service on 1800 679 477 (1800 NSWISS)

In addition to being contraindicated for those with previous anaphylaxis to the vaccine or its components, it is vital all GPs are aware of the following **CONTRAINDICATIONS**, which include but are not limited to:

Primary or acquired immunodeficiency

- Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes
- Post-transplant: solid organ (on immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
- Immunocompromised due to primary or acquired (including HIV/AIDS) immunodeficiency
- Other significantly immunocompromising conditions

Immunosuppressive therapy (current or recent)

- Chemotherapy or radiotherapy
- High-dose corticosteroids (≥ 20 mg of prednisone per day, or equivalent) for ≥ 14 days
- All biologics and most disease-modifying anti-rheumatic drugs (DMARDs)

Guide to safe doses of immunosuppressive therapy for Zostavax administration:

| Mechanism of Action | Examples* | Safe Dose** | Comments |
|------------------------------------|------------------------------------|-----------------------|--|
| Anti-TNF | Etanercept, infliximab, adalimumab | NONE | Vaccinate 1 month before treatment initiation OR 12 months after treatment cessation |
| IL-1 inhibition | Anakinra | NONE | |
| Costimulation blockade | Abatacept | NONE | |
| B-cell Depletion/Inhibition | Rituximab | NONE | |
| Immunomodulators (antimetabolites) | Azathioprine | ≤ 3.0 mg/kg/day | If on higher dose, vaccinate 1 month before treatment initiation OR 3 months after treatment cessation |
| | 6-Mercaptopurine | ≤ 1.5 mg/kg/day | |
| | Methotrexate | ≤ 0.4 mg/kg/week | |
| Corticosteroids | Prednisone | < 20 mg/day | If ≥ 20 mg/day for < 14 days, vaccinate 1 month before treatment initiation OR any time after treatment cessation If ≥ 20 mg/day for ≥ 14 days, vaccinate 1 month before treatment initiation OR 1 month after treatment cessation |
| T-cell activation inhibition | Tacrolimus, cyclosporine | NONE | Vaccinate 1 month before treatment initiation OR 3 months after treatment cessation |
| Others | Cyclophosphamide, mycophenolate | NONE | |

*Note: this is not a complete list of all immunosuppressive medications. If patient is on more than one agent, or if any doubt, seek specialist advice. **See *Australian Immunisation Handbook*, (online version) Chapters 3.3.3 and 4.24

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

Inadvertent administration:

- Urgently contact the treating specialist or infectious disease specialist for advice on use of antivirals.
- Alternatively, call the NSW Immunisation Specialist Service during business hours on **1800 679 477**

Further Information

- NSW Health webpage: <http://www.health.nsw.gov.au/immunisation/Pages/Shingles-program.aspx>
- National Centre for Immunisation Research & Surveillance FAQs: http://www.ncirs.edu.au/assets/provider_resources/fact-sheets/zoster-vaccine-FAQ.pdf



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