

# Zostavax Contraindications

Important Update for NSW GPs – February 2017

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

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1. Zostavax is contraindicated in patients with immunocompromise
2. Administration where contraindicated has resulted in a death in Australia
3. Do not administer Zostavax to patients with immunocompromise. If in doubt seek advice from a specialist or the NSW Immunisation Specialist Service on 1800 679477

## Background:

Zostavax contains live attenuated varicella-zoster virus, containing 14 times more virus than childhood varicella vaccines. Administration to people with severe immunocompromise risks disseminated disease from the vaccine virus. 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:

**Haematological or generalised malignancies** (including those not on treatment): e.g. lymphoma, acute or chronic leukaemia, Hodgkin's disease

**Solid organ or bone marrow transplant recipients** (with exceptions as advised by specialists)

**HIV/AIDS** (except as advised by specialist) or other **congenital/acquired immunodeficiencies**

**Current or recent high-dose systemic immunosuppressive therapy:** e.g. chemotherapy, radiation therapy, oral corticosteroids, disease modifying anti-rheumatic drugs

## Guide to safe doses of immunosuppressive therapy for Zostavax administration:

Mechanism of Action	Examples	Safe Dose*	Comments
Anti-TNF	Etanercept, Infliximab, Adalimumab	NONE	Immunise 1 month prior to treatment initiation OR 12 months post treatment cessation
IL-1 inhibition	Anakinra	NONE	
Costimulation blockade	Abatacept	NONE	
B-cell Depletion/Inhibition	Rituximab	NONE	If on higher dose, immunise 1 month prior to treatment initiation OR 3 months post cessation
Immunomodulators (antimetabolites)	Azathioprine 6-Mercaptopurine Methotrexate	≤3.0 mg/kg/day ≤1.5 mg/kg/day ≤0.4 mg/kg/week	
Corticosteroids	Prednisone	Complex – refer to Immunisation Handbook and NCIRS factsheet	
T-cell activation inhibition	Tacrolimus, Cyclosporine	NONE	Immunise 1 month prior to treatment initiation OR 3 months post cessation
Others	Cyclophosphamide, Mycophenolate, Sulfasalazine	NONE	

\*See Australian Immunisation Handbook, Chapters 3.3.3 and 4.24

**CAUTION: this is not a complete list of all immunosuppressive medications. If someone is on a combination of medications or if there is any doubt whether Zostavax is safe for your patient, defer vaccination and seek specialist advice.**

## Inadvertent administration:

- Urgently contact the treating specialist or infectious disease specialist for advice on use of antivirals.
- Alternately, 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/adult\\_vaccination.aspx#shingles](http://www.health.nsw.gov.au/immunisation/Pages/adult_vaccination.aspx#shingles) (includes RACGP webinar)
- National Centre for Immunisation Research & Surveillance FAQs: [http://www.ncirs.edu.au/assets/provider\\_resources/fact-sheets/zoster-vaccine-FAQ.pdf](http://www.ncirs.edu.au/assets/provider_resources/fact-sheets/zoster-vaccine-FAQ.pdf)
- NSW Immunisation Specialist Service: 1800 679 477
- Your local public health unit: 1300 066 055