



## Parent communication checklist

For use by healthcare professionals only, not to be distributed to parents or patients

Communicating effectively with parents about the importance of vaccination, and the handling of potential side effects, can help alleviate concerns<sup>1-3</sup>. **The below discussion points should be covered with parents prior to vaccination with Varilrix** (Live attenuated varicella-zoster [Oka strain] virus):

### ChickenPox

- Chickenpox is a highly contagious disease caused by the varicella zoster virus, that enters through the respiratory tract and conjunctiva. <sup>4</sup>
- Although considered a childhood disease, almost EVERYONE who has not yet had chickenpox is susceptible. However it can have a more serious impact for certain people, for example babies < 1 year, adults and adolescents, pregnant women and people with a weakened immune system. <sup>4,5</sup>
- Symptoms appear 14–16 days after the infection and can include fever, cough and sore throat, malaise, loss of appetite and an itchy red rash. <sup>4,6,7</sup>
- Most cases are mild <sup>8</sup>, however serious complications can develop which can lead to doctor's visits, medication, hospitalisation and even death. <sup>4</sup>
- Chickenpox can also cause financial and social problems <sup>9-11</sup>. Absence from school and work, causing distress for your child and family.

### Varilrix vaccine

- Varilrix is a chickenpox or 'varicella' vaccine. It is used to boost the body's immune system to stop infection from chickenpox.
- Varilrix contains a small amount of a live but weakened 'varicella-zoster' virus which is the cause of chickenpox.
- There is not enough virus in the vaccine to make you ill. There is just enough to trigger the body's immune system to prepare itself to protect against these viruses in the future.
- Varilrix does not always completely protect you from catching chickenpox. People who catch chickenpox after receiving the vaccine usually get a mild form. They will have very few spots and blisters compared to people who have not had the vaccine.
- Varilrix can be given at the same time as some other routine vaccines.

### Potential side-effects

- Like all vaccines, Varilrix can cause side effects although not everybody gets them.
- As with other childhood vaccines some children may experience fever following vaccination with Varilrix which would normally resolve the day after vaccination.
- Paracetamol can be used to help reduce a fever if the child is distressed\*
- You should not receive Varilrix if you are pregnant. In addition, pregnancy should be avoided for 1 month following vaccination.
- Inform the patient that if they have any concerns following their vaccination they should contact their health care professional.

\* In line with the Green Book guidelines<sup>12</sup>

## References

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2. Robinson JS, Schwartz ML, Magwene KS, Krengel SA, Tamburello D. The impact of fever health education on clinic utilisation. *Am J Dis Child*. 1989;143(6):698-704
3. Usherwood TP. Development and randomised controlled trial of a booklet of advice for parents. *Br J Gen Pract*. 1991;41(343):58-62
4. Centers for Disease Control and Prevention. *Varicella. Epidemiology and Prevention of Vaccine-Preventable Diseases*, 13<sup>th</sup> ed. 2015: 353-376.
5. European Centre for Disease Prevention and Control. *Varicella vaccination in the European Union*. Available at: <http://ecdc.europa.eu/en/publications/Publications/Varicella-Guidance-2015.pdf> (Last accessed: April 2016).
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7. Whitley RJ. *Varicella-zoster virus*. In: *Harrison's Principles of Internal Medicine: McGraw-Hill*. 2005.
8. NHS Choices. Chickenpox – Introduction. Available at: <http://www.nhs.uk/conditions/chickenpox/pages/introduction.aspx> (Last accessed: March 2016).
9. Bonanni P, Breuer J, Gershon A *et al*. Varicella vaccination in Europe - taking the practical approach. *BMC Med*. 2009;7:26.
10. Banz K, Wagenpfeil S, Neiss A *et al*. The burden of varicella in Germany. Potential risks and economic impact. *Eur J Health Econ*. 2004;5:46-53.
11. Soares PC, Novaes HM, Sartori AM. Impact of methodology on the results of economic evaluations of varicella vaccination programs: is it important for decisionmaking? *Cad Saude Publica*. 2009;25 Suppl 3:S401-14.
12. Department of Health. Immunisation against infectious disease. Updated July 2016. Available at: <https://www.gov.uk/government/publications/meningococcal-the-green-bookchapter-22>

## Prescribing Information:

See Summary of Product Characteristics before prescribing

**Varilrix®** varicella-zoster vaccine.

**Composition:** Live attenuated varicella-zoster virus (Oka strain, 10<sup>3.3</sup> PFUs) as powder and solvent for reconstitution.

**Uses:** Active immunisation against varicella of healthy subjects from 9 months of age.

**Dosage and Administration:** Two doses of 0.5mls with interval of at least 6 weeks (≥3 months in children aged 9-12 months). For subcutaneous use only, preferably into the deltoid region or anterolateral region of thigh. Use different injection site if administering another live vaccine concomitantly.

**Side Effects:** See SPC for full details. Common and very common: Injection site reaction including pain, redness, swelling, rash, fever. Serious: Encephalitis, cerebrovascular accident, cerebellitis, convulsions, cerebellar ataxia, thrombocytopenia, anaphylaxis, Henoch Schonlein Purpura, Kawasaki syndrome.

**Contraindications:** Hypersensitivity to neomycin, or any excipients, or to any varicella vaccine; pregnancy and breast-feeding; immunodeficiency states with total lymphocyte count under 1200/mm<sup>3</sup>, immunocompromised subjects with evidence of lack of cellular immune competence, or severe humoral or cellular (primary or acquired) immunodeficiency. Acute, severe febrile illness.

**Precautions:** Avoid pregnancy for one month after vaccination. Vaccinees (especially if rash develops) may transmit vaccine viral strain to contacts. Consider risk:benefit for some immunocompromised patients. Delay vaccination of those receiving immunoglobulins or blood transfusion for at least 3 months. Risk of Reye's syndrome with co-administration of aspirin or systemic salicylates to children under 16. If not administered concomitantly, leave an interval of at least 1 month before or after a measles containing vaccine.

**Legal Category:** POM

**MA number:** Vaccine: PL 10592/0121  
Diluent: PL 10592/0021

**NHS Cost:** £27.31

**MA Holder:** SmithKline Beecham Ltd, 980 Great West Road, Brentford, Middlesex TW8 9GS, UK.

**Further information is available from:**  
**Customer Contact Centre, GlaxoSmithKline, Stockley Park West, Uxbridge, Middlesex UB11 1BT; [customercontactuk@gsk.com](mailto:customercontactuk@gsk.com), Freephone 0800 221 441**

**Date of preparation:** September 2017  
UK/VAR/0004/17

**Adverse events should be reported.**

**Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA yellow card in the Google Play or Apple App store. Adverse events should also be reported to GlaxoSmithKline 0800 221 441.**