



Vaccination update 10 July 2020

Zoster vaccination

The TGA has issued a safety advisory following a Zostavax related death in a patient taking hydroxychloroquine and prednisone 'below the level expected to cause significant immunosuppression'.

<https://www.tga.gov.au/alert/zostavax-vaccine-0>

The TGA investigation (link above) found that Zostavax had been used in line with existing recommendations and did not call for a change to these. They did note however, that it is important for health professionals to be mindful of the potential for this very rare adverse event. The expert panel convened by the TGA also noted that a high index of suspicion, early diagnostic testing, prompt empirical antiviral therapy, and where feasible, cessation of immunomodulatory therapy, are all important in such cases.

This case is a reminder that there are rare risks with Zostavax despite appropriate use within guidelines. If there is doubt regarding previous exposure, in the immunocompromised it may be appropriate to check serological VZV status. If negative, vaccination with the lower dose live attenuated Oka varicella vaccine (Varivax or Varilrix) to prevent chickenpox may be considered (two doses separated by >4 weeks for those aged ≥13 years).

Follow the links below for more information in the relevant sections of the Australian immunisation handbook and the practical guide to vaccination on the ARA website:

<https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups/vaccination-for-people-who-are-immunocompromised>

<https://rheumatology.org.au/gps/useful-publications.asp>

Pneumococcal vaccination

As of 1 July, the National Immunisation Program have updated but **NOT FUNDED** their recommendations for pneumococcal vaccination in people requiring immunosuppressive therapy, where sufficient immune reconstitution for vaccine response is expected. This includes those with underlying conditions requiring but not yet receiving immunosuppressive therapy.

The recommendation is for vaccination with the 13 valent vaccine, followed 2-12 months later by vaccination with the 23 valent vaccine, followed at least 5 years later by a further dose of the 23 valent vaccine.

<https://www.health.gov.au/resources/publications/national-immunisation-program-pneumococcal-vaccination-schedule-from-1-july-2020-clinical-decision-tree-for-vaccination-providers>

Dr Sean O'Neill
Chair
Therapeutics Committee