# Protocol for treatment after VZV (Chicken pox / Shingles) contact.

- The vast majority (>95%) of adults have had prior VZV infection.
- VZV infection in adults is predominantly due to re-activation rather than primary infection.
- In the general population the annual incidence of herpes zoster (shingles) is 1.5 to 3/1000 cases & is age-related.
- The incidence in solid organ transplant recipients is 10- to 100-fold higher than the general population, ranging from 1% to 12%.
- The use of prophylactic acyclovir is not recommended due to the need for prolonged therapy with no evidence that the disease incidence is reduced; simply delayed.
- Three to 5% of adult transplant recipients are VZV negative and therefore at risk for severe primary disease.

**Suggestions:**

- Pre-transplant VZV serology ought to be undertaken on all patients
- There is no role for vaccination of transplanted VZV individuals who are seronegative due to the risk of dissemination (vaccine is a live attenuated virus).
- Consider vaccination of VZV seronegative individuals pre-transplant
- If VZV seronegative renal transplant patients come into contact with individuals suffering from chicken pox or shingles then they should be treated with varicella zoster immune globulin within 96 hours of exposure. The benefit of acyclovir in this treatment setting is not proven though it would be prudent to additionally treat according to below listed protocol.
- What should one do with VZV seropositive individuals who are exposed to individuals suffering from chicken pox or shingles.

  Transient non-family exposure - nothing except surveillance

  Exposure from a close family member - treat with acyclovir

  If disease develops admit for I.V. acyclovir.

**Recommendations**

- Screen patients listed for transplantation for VZV
- All seronegative patients to be vaccinated.
- If a **seronegative transplant patient** has been in contact with an individual with shingles / chickenpox then for VariZIG within 96 hours of exposure together with oral ACV
- Only if a **seropositive transplant patient** has been in close contact with an individual with shingles / chickenpox then treat with oral ACV.
- If a transplant patient develops herpes zoster then admit and treat with IV acyclovir.

**Treatment Table**

| Clinical History | Normal GFR to 25 | 10 – 25 mls/min | <10 mls/min |
|---|---|---|---|
| Seropositive post heavy exposure | 800mg x5 | 800mg x2 | 400mg x2 |
| Seronegative post exposure | Single dose of VariZIG 125u/10kg up to 625U - regardless of GFR | | |

Duration of oral acyclovir is: **7 days**.