



Australian Government

Department of Health

Zostavax and individuals who are immunocompromised

- **Zostavax is contraindicated in patients who are immunocompromised**
- **Administration where contraindicated has resulted in a death in Australia**
- **Do not administer Zostavax to patients who are immunocompromised. If in doubt seek advice from a specialist or state based specialist immunisation services.**

Zostavax contains live attenuated varicella-zoster virus, containing 14 times more virus than childhood varicella vaccines. Administration to people who are immunocompromised is associated with risk of 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** (with exceptions 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	
Immunomodulators (Antimetabolites)	Azathioprine 6-Mercaptopurine Methotrexate	≤3.0 mg/kg/day ≤1.5 mg/kg/day ≤0.4 mg/kg/week	If on higher dose, immunise 1 month prior to treatment initiation OR 3 months post cessation
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.



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Inadvertent administration of an immunocompromised person:

- Urgently contact the treating specialist or infectious disease specialist for advice on use of antivirals.

State and territory immunisation services:

ACT	Health Protection Service 02 6205 2300
NSW	Immunisation Specialist Service 1800 679 477
QLD	Public Health Units https://www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units
VIC	Surveillance of Adverse Events Following Vaccination In the Community 1300 882 924
NT	Centre for Disease Control 08 8922 8044
SA	Communicable Disease Control Branch 1300 232 272
WA	Prevention and Control Panel 08 9388 4863
TAS	Public Health Unit 1800 671 738

Further Information

- National Centre for Immunisation Research & Surveillance fact sheets:
www.ncirs.edu.au/assets/provider_resources/fact-sheets/zoster-vaccine-FAQ.pdf and
www.ncirs.edu.au/assets/provider_resources/fact-sheets/zoster-vaccine-fact-sheet.pdf