

Dr John Oakley

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## Vaccines to prevent Chicken Pox

**Question: Why don't we vaccinate against Chicken Pox?**

**Answer: Chicken Pox is one of the vaccines that the Dept of Health says that the NHS can't afford.**

Chicken Pox is a highly contagious infectious disease caused by the Varicella Zoster (VZ) virus. It can be an extremely unpleasant illness; the blisters often result in permanent facial scarring. It is not the trivial and insignificant childhood illness many people perceive it to be. Half of all those children who have Chicken Pox will as a result develop Shingles later in life.

Chicken Pox is a much more serious and potentially fatal infection in adults who did not have Chicken Pox in childhood. It is especially dangerous in pregnancy, not only for the mother but also because it can cause severe abnormalities and frequently death of the unborn baby.

There are approximately 600,000 cases of Chicken Pox in the UK each year, resulting in many hundreds of hospital admissions and up to 50 deaths (mostly from Pneumonia, Septicaemia and Encephalitis).

Treating Chicken Pox infections increases the strain on NHS resources, and results in significant loss of income for parents who need to take time off work to care for their infected children, who cannot attend school.

A safe and highly effective single vaccine against Chicken Pox has been licensed and available worldwide for nearly 20 years. It has been used routinely since 1996 in the USA, where it is a requirement for school entry (as it is in many other Countries including Canada, France, Germany, Australia, and New Zealand). Since the introduction of the vaccine in 1996, the number of cases of Chicken Pox in the USA has decreased by 95%.

Despite the widespread and long term use of the Chicken Pox vaccine, there is a huge lack of awareness in the UK about the existence of the vaccine, both amongst the general population and also amongst Doctors – even extending to a West Midlands Consultant Paediatrician who recently told parents who attended our Surgery that 'a vaccine against Chicken Pox categorically does not exist'!

The benefit of introducing the Chicken Pox vaccine as a routine in the UK has been discussed at length over the last two years by the Department of Health, who have rejected the need for the vaccine on rather controversial grounds, even though it has been available for Healthcare workers since 2003.

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### IMPORTANT NOTICE

The information and opinions in this document has been checked by me, Dr John Oakley, and I believe them to be correct. They are designed only as a supplement to a full consultation with me and should not be used as a single definitive source of information. My opinion may differ from that of some other Doctors. If in doubt, please consult another suitably qualified and informed medical professional.



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**SHINGLES** (Herpes Zoster) is an extremely unpleasant illness and is caused by the same virus that causes Chicken Pox. After a person recovers from a Chicken Pox infection, the virus remains 'dormant' in the nerve endings under the skin. It is NOT possible for a person to develop Shingles unless they have previously had Chicken Pox. Prevention of Chicken Pox infections will therefore reduce the number of cases of Shingles in later life.

There are approximately 250,000 cases of Shingles each year in the UK, causing 100,000 cases of severe and debilitating pain (Post-Herpetic Neuralgia), frequently requiring long term treatment with powerful and expensive pain killers for months or even years. When Shingles occurs in the upper half of the face it can cause permanent blindness.

It is NOT possible for a healthy person to have Chicken Pox more than once, but one person can have repeated episodes of Shingles.

The Chicken Pox vaccine used in this Practice (Varivax – made by Sanofi Pasteur MSD France) is the same as that routinely used in USA and other Countries where Chicken Pox vaccination is routine.

Not only does it provide long term protection against Chicken Pox but it can also be used to **PREVENT** Chicken Pox infections developing in children (or adults) who haven't previously had Chicken Pox, but who come into contact with a person with Chicken Pox, providing the vaccine is given within 72 hours of contact.

The vaccine provides very little protection if given to children under the age of 12 months because of the relative immaturity of the child's immune system at that age. It should not be given to pregnant women, but in these cases an antiviral drug (Acyclovir) can be used to prevent or modify the illness.

TWO doses of Varivax are needed to provide long term protection against Chicken Pox. The second (booster) dose is now recommended 8 – 10 weeks after the first dose, but can be delayed for up to 2 years.

The vaccine is very effective and well tolerated with few side effects. It does NOT contain Thiomersal (mercury), or egg protein. It contains tiny amounts of the antibiotic Neomycin as a preservative. There may be itching and redness at the site of the injection, and a mild fever.

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In less than 1 in 100,000 cases, a few spots resembling Chicken Pox blisters appear at the site of the injection about two - three weeks after the vaccine has been given. The child is NOT infectious UNLESS these blisters appear. If these blisters do appear the child should be kept away from pregnant women who have NOT had Chicken Pox, and also from people with weakened immune systems, until the blisters heal (usually within 4 – 5 days). Contact with a healthy person is not harmful.

In my opinion the only reason Varivax is not NHS available is cost; and I believe this decision is flawed.

Dept of Health statistics appear to be based on using the old Schedule of one dose of Chicken Pox vaccine only (which would lead to increased cases of Chicken Pox in adults because the vaccine protection wears off without a booster dose), and without taking into account the benefits and financial savings made from protection against Shingles in later life. In addition Dept of Health statistics appear to look only at the short term direct financial savings/benefits for the NHS directly.

Statistics from USA and other Countries where Chicken Pox vaccines are widely used, also take into account the additional economic savings made by parents not having to care for children who are ill with Chicken Pox and are therefore not allowed into school. These statistics show that the widespread use of the vaccine is very 'cost-effective'. In addition there are further long term economic benefits from preventing Shingles infections in later life.

The number of cases of Chicken Pox in children under 5 in the UK has risen in the last 10 years, prompting the Dept of Health to review the possibility of introducing Chicken Pox vaccines into the National Childhood Immunisation Schedule. The decision made on 8<sup>th</sup> April 2010 was that the vaccine would not be 'cost effective':

[http://www.healthcarerepublic.com/news/bulletin/daily\\_news/article/995492/?dcm](http://www.healthcarerepublic.com/news/bulletin/daily_news/article/995492/?dcm)

My personal view is that vaccination against Chicken Pox should be routinely available via the NHS in this Country. Until recently I believed that this would happen. It is now the case that parents in this Country who wish for their children to be vaccinated against Chicken Pox will need to pay for the vaccines to be administered privately – as I have for my Grandchildren.

Please contact Reception or phone the Surgery on 0121 308 8876 for further details.

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