

Dear colleagues,

In summer 2023, UKHSA were informed that I.M. VZIG would no longer be produced by the current supplier, and that the current stock of VZIG will expire 30 September 2024. In light of this, the expert working group was reconvened, and advice sought on the post exposure prophylaxis options for neonates in the absence of the current I.M. VZIG product. As a result, the UK Health Security Agency updated the current guidance [guidance on post exposure prophylaxis for chickenpox and shingles](#) on the 7th October, 2024.

In summary, antivirals are now recommended for post-exposure prophylaxis for all at risk groups including susceptible neonates. In addition, for neonates designated in Group 1 i.e. those exposed to their mother within one week of delivery (either in utero or post-delivery) the antiviral treatment should be supplemented with intravenous (I.V.) varicella immunoglobulin either as a hyperimmune product (i.e. Varitect CP) or normal intravenous immunoglobulin (IVIG). A bolus dose of IVIG may also be considered for eligible groups for whom oral antivirals are contraindicated.

Given Varicella Zoster Immunoglobulin (VZIG) is no longer available in the UK, the treatment algorithm for Group 1 neonates i.e. those exposed to their mother (either in-utero or post-delivery) within one week of chicken pox in the mother, antiviral treatment should be supplemented with either intravenous immunoglobulin the hyperimmune product (Varitect CP) or normal intravenous immunoglobulin (IVIG). Please note Varitect CP is unlicensed in the UK.

The number of neonates eligible for treatment with Varitect CP is estimated as less than 1 per annum in Scotland. As such, Varitect CP will be added to the Rarely Used and Urgent Medicines (RUUM) list. The RUUM list can be accessed via [Toxbase](#). There will be limited stocks of Varitect CP available in Scotland and these will be held centrally at the Queen Elizabeth University Hospital, Glasgow. Please note these should only be ordered for neonates who meet the eligibility criteria set out in the guidance. IVIG can also be offered as an alternative for Group 1 neonates if there are likely to be delays in sourcing varicella-specific immunoglobulin preparations. To access IVIG, clinical teams should liaise with their local hospital pharmacy.

Contact details for Queen Elizabeth University Hospital are as follows:

In hours: 0141 452 2980

Out of hours: 0141 201 1100 (ask for on call pharmacist)

In the interim should any urgent doses for neonates be required, Varitect CP is accessed through phoning Public Health Scotland out of hours (Sam Ghebrehewet this week), who would contact RIGS to facilitate. We will advise you when Varitect CP stock is anticipated to be available from Glasgow in due course.

Please share this correspondence, drawing particular attention to the updated guidance, to relevant local clinical teams in your Board.

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