

**DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE
(JAPC)**

Management of pregnant women & neonates in contact with chickenpox & shingles

The GP/midwife should contact Microbiology at their local hospital, without delay (Chesterfield or Derby) to discuss the case, including: when was the contact; closeness and duration of contact; and history of chickenpox or shingles in the mother.

If a blood test is required, the Microbiologist can arrange stored booking blood to be tested for Varicella Zoster IgG. However, if no sample is held, a sample will need to be obtained by GP/midwife and sent to Microbiology. If the pregnant lady is immune, VZIG is not required. If not immune, further testing may be required at Sheffield and the sample forwarded. If the patient is then found to be non-immune, the GP needs to arrange for VZIG administration in their surgery.

Expert advice and supplies of Varicella zoster Immunoglobulin (VZIG):

- Virology laboratory at Northern General Hospital, Sheffield Tel: 0114 2266477
- Royal Derby Hospital: 01332 340131 for on-call Microbiologist for 'out of hours', otherwise contact Sheffield for 'in hours'.
- Chesterfield Royal Hospital 01246 277271 for on-call Microbiologist

Further details for each hospital

Royal Derby Hospital (RDH)

If the pregnant lady is not immune (following confirmation at Sheffield) a Consultant Microbiologist will contact the respective GP or patient or relation to arrange for the patient/relation to collect VZIG from the main pharmacy at RDH.

Chesterfield Royal Hospital (CRH)

Chesterfield Microbiology will arrange with the GP or patient regarding collection of the VZIG, if required, from Sheffield Northern General Hospital main pharmacy dispensary.

Nottingham University Hospital (NUH)

Advice may be needed, as appropriate (e.g. if the blood sample is stored at NUH).

- Contact the duty virologist on 0115 9709163 via option 3, for 'in hours'
- Contact the on-call microbiologist (via switchboard - 0115 924 9924), if urgent and 'out of hours'

It is important to remember that risks to the foetus are greater in the first 20 weeks of gestation and within 21 days of expected date of delivery. When VZIG is scarce priority will be given to these groups.

Seek expert advice if a woman develops chickenpox at any stage of pregnancy. Antivirals may be indicated and hospital admission will be required in some cases.

For guidance on the following (& more) see chapter 34 of 'Green book' [Varicella: the green book, chapter 34](#) (use latest version of on-line Varicella chapter):

- Risks of varicella to the fetus, neonate and pregnant women
- Dosage & administration of Human varicella zoster immunoglobulin (VZIG):
- Management of at risk individuals following significant exposure to chicken pox or herpes zoster
- Definition of a significant exposure to varicella zoster virus
- Management of pregnant women in contact with chicken pox & shingles – also see VZIG algorithm
- Determination of VZ immune status
- Management of neonates in contact with chicken pox & shingles – also see VZIG algorithm
- Effectiveness of VZIG prophylaxis in neonates and pregnant women

Other sources of advice

Public Health England (East Midlands) on 0344 2254524