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Varicella vaccination

- Can the herpes zoster vaccination be a strategy against dementia?
- Pharmacotherapy and non-invasive neuromodulation for neuropathic pain: a systematic review and meta-analysis
- Herpes zoster ophthalmicus temporally after COVID-19 vaccination: a systematic review of uncontrolled case reports and case series
- Patient engagement in designing, conducting, and disseminating clinical pain research:
 IMMPACT recommended considerations
- Varicella in the neonatal ICU due to the Varicella vaccine Oka strain
- Postinfectious Acute Cerebellar Syndromes in Children: A Nationally Ascertained Case Series From Australia 2013-2018
- Oral Herpes Zoster Infection Following COVID-19 Vaccination: A Report of Five Cases
- A narrative review and clinical anatomy of herpes zoster infection following COVID-19 vaccination

Varicella vaccination of non-immune post-partum women is recommended to reduce the risk of chickenpox in mothers and their infants. Though rare, transmission of the varicella vaccine strain vOka can occur from recent vaccinees to non-immune contacts who usually develop mild chickenpox.

Frantzis et al. describe an infant hospitalized in the neonatal ICU with vaccine-strain varicella due to transmission from their mother who received the varicella vaccine post-partum. They describe the infection prevention and control strategies implemented to prevent further transmission.

Vaccine-strain varicella transmission from mother to infant is a rare event and its occurrence in the neonatal ICU setting can be challenging. Anticipatory guidance for mothers vaccinated in the postpartum period and support of parents of an infected infant are recommended ¹⁾.

Postinfectious acute cerebellar syndromes show a wide spectrum of acute severity and can occur with acute febrile illness or vaccine receipt. Varicella has historically been the most common cause, associated with up to 25% of cases in large cohorts. This study aimed to describe the spectrum of syndromes in a setting with high varicella vaccine coverage.

Method: Data were collected on children initially identified as "suspected encephalitis" subsequently designated "not-encephalitis" at participating children's hospitals in the Paediatric Active Enhanced Disease Surveillance (PAEDS) network, Australia, as part of the Acute Childhood Encephalitis study. A comprehensive descriptive analysis was undertaken on prospectively identified, national series of children with postinfectious acute cerebellar syndromes from 2013 to 2018. Cases were classified using a previously validated severity score, and the outcome was assessed at 12 months using the Liverpool Outcome Scale score.

Results: A total of 20 cases (65% were vaccinated for varicella) were included, of which 70% were subcategorized as acute cerebellar ataxia (ACA), 20% acute cerebellitis (AC), and 10% acute fulminant cerebellitis (AFC). An acute febrile illness was noted in 55% and none were related to varicella or were temporally related to varicella vaccination or other childhood vaccines. A subset (total of 7 children) followed up at 12 months all showed reduced Liverpool Outcome Scale scores.

Discussion: The study provides an overall description of this uncommon spectrum of neurologic

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syndromes and shows the infrequency of varicella zoster virus as a cause in a vaccinated population 2)

1)

Frantzis I, Messina M, Taylor JM, Aschheim K, Hu H, Hairston JC, Lauren CT, Gershon A, Feldstein N, Orange J, Saiman L. Varicella in the Neonatal ICU due to the Varicella Vaccine Oka Strain. J Neonatal Perinatal Med. 2023 Feb 1. doi: 10.3233/NPM-221031. Epub ahead of print. PMID: 36744349.

Gunaratna GPS, Mohammad SS, Blyth CC, Clark J, Crawford N, Marshall H, Dale RC, Jones CA, Britton PN; PAEDS network. Postinfectious Acute Cerebellar Syndromes in Children: A Nationally Ascertained Case Series From Australia 2013-2018. J Child Neurol. 2022 May 12:8830738221093209. doi: 10.1177/08830738221093209. Epub ahead of print. PMID: 35546546.

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