Chicken Pox

The varicella-zoster virus, which causes chickenpox and shingles, can make a transplant patient very unwell. Here are some guidelines:

The risk of chickenpox infection is negligible if you are sure that you have had the disease in the past. A blood test to check for immunity to chickenpox is done as part of transplant assessment. If you are immune and become exposed to a chickenpox case, there is no need for any specific action.

However, if you are in direct contact with a chickenpox case (being in the same room) and have no immunity to chickenpox or cannot remember having it in the past, you should have blood taken urgently to test for chickenpox immunity. This can be done by your GP.

If you are not immune, please be vigilant for any new rashes, which would require prompt anti-viral treatment (medication to treat viruses). Your GP can contact the on-call Consultant Virologist at QEHB to discuss your case further.

Shingles

The risk of developing chickenpox from contact with someone with shingles is lower than if the contact is with someone with chickenpox. In the majority of cases, you are only at risk if you come into contact with the skin lesions (for example, by touching them), but you should seek advice from your GP in these circumstances. If you come into contact with someone with shingles, as long as you have had chickenpox, the risk is very low.

However, if you come into contact with someone with shingles and you have never been exposed to chickenpox, you should then follow the same guidelines as above.

If you have any further queries, please contact the on-call Liver Unit Medical Registrar via switchboard on 0121 627 2000 or call the Liver Transplant Co-ordinator on 0121 371 4528 (08:00 – 16:00) or via switchboard on 0121 627 2000 and ask them to page the on-call Liver Transplant Co-ordinator.

The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4323.

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UHB is a no smoking Trust
To see all of our current patient information leaflets please visit www.uhb.nhs.uk/patient-information-leaflets.htm
Following your transplant, it is important to stay as well as possible and free from infection. If you intend travelling abroad, you should also ensure you have had the appropriate immunisations.

**Vaccinations**

You may need vaccines for several reasons. We suggest you do not have any vaccines for the first three months after your transplant. However, after three months you may need vaccines to travel, prevent flu, or a ‘booster’ to update you or your family’s immunity.

**Winter vaccinations**

Your GP will probably offer you the winter vaccines which include the flu and pneumonia jab. We advise you to have these.

**Hepatitis vaccinations**

We recommend that you have Hepatitis A and Hepatitis B vaccines, if you are not already immune to these viruses. You will normally be asked to start the vaccine course when you go onto the transplant waiting list. If you do not complete the course before your transplant, you will be asked to resume the course three months after your transplant.

**Foreign travel**

You should talk to your GP, practice nurse or travel health clinic about vaccinations at least two months before travelling. You can find out more information about immunisation and foreign travel by visiting the following websites;

- Department of Health; www.immunisation.nhs.uk
- National Travel Health Network and Centre; www.nathnac.org

Listed below are vaccinations that you must not receive:

- BCG
- Yellow fever
- MMR
- Live attenuated (weakened) influenza vaccine (including the nasal spray)
- Smallpox
- Oral polio (live) sabin vaccine - neither must people living with you or that you may have close contact with for example, grandchildren
- Varicella-zoster (to prevent either shingles or chicken Pox) – if a family member receives the vaccine; please avoid any contact with their injection site or any skin blisters they might develop

Those who have had liver transplants can safely be given:

- Tetanus toxoid
- Inactivated polio vaccine
- Hepatitis B vaccine
- Hepatitis A vaccine
- Meningococcal polysaccharide vaccine
- Diphtheria
- Influenza – inactivated vaccine only (vaccine without live a live virus)
- Pertussis (whooping cough)
- Pneumococcal vaccine
- Cholera (in patients over 6 months old)
- Typhoid (in patients over 1 year of age)

**Polio**

A live oral polio vaccine still exists. It can be excreted in stools for up to 6 weeks. Polio is transmitted through the faecal-oral route and strict personal hygiene, especially hand washing, is very important. If any of your family members are given the live vaccine, you should avoid contact with them for 6 weeks. If possible, family members should be given the dead polio vaccine which is available and safe. Contact your GP for more information regarding this.