

January 8, 2009

Chickenpox: Christmas is over, so time for a new vaccine **John Stone**



For the United Kingdom's Joint Committee on Vaccination and Immunisation – the JCVI – January is always the month for floating a new vaccine. And the new flavour for 2009 is chickenpox, launched this weekend by articles in the *Sunday Times* and *Daily Mail*. What neither report mentioned was a study carried out for our Health Protection Agency, and published only in September. While bloggers speculated helpfully that the new vaccine – obviously on the schedule for many years in the US – might offer protection against the much more serious secondary condition of shingles, they were not told that a recent government report had advised that quite the opposite was the case. Here is the UK Health Protection Agency notice - which is going to be of at least equal interest in countries which already use the vaccine - in full:

[Latest modelling reveals chickenpox vaccination would lead to more shingle amongst the elderly despite introduction of shingles vaccine](#)

New modelling research presented at the Health Protection Agency's annual conference in Warwick confirms that vaccination against chickenpox would significantly decrease the burden of this disease but would lead to more shingles among the elderly.

Researchers also found that vaccinating the elderly against shingles would only partially, but not completely, offset this increase.

Varicella Zoster is a virus that causes two diseases: chickenpox (mostly among children) and shingles (mostly among elderly), this is because the virus remains in the body after chickenpox and is able to reactivate as shingles later in life.

In most cases, chickenpox is a mild illness and around 89% of adults in the UK will develop immunity to the illness. Although a vaccine against the varicella virus (which causes chickenpox) is now licensed in the UK it is not part of UK's routine childhood vaccination schedule.

If a chickenpox vaccine were to be added to the childhood immunisation programme concerns have been raised that there would be an increase of shingles cases in adults as a result. This is because people who have had chickenpox are less likely to have shingles later in life if they have been exposed occasionally to the

chickenpox virus (for example through their children) as this exposure acts as a booster.

Post-vaccination research from countries that routinely immunise their children against chickenpox, including the US, has found an increase in cases of shingles among non-vaccinated age groups.

The Health Protection Agency researchers modelled the impact of vaccinating children against chickenpox (with a two dose schedule) and the elderly (60+) against shingles.

Building on previous modelling data the team incorporated virological, epidemiological and recent data on age-specific contact patterns to see whether a vaccine for the young would impact on the number of shingles in the elderly.

The modelling suggested that a two dose schedule at the levels of coverage likely to be achieved in the UK would lead to an increase of at least 20% of shingles in the medium term (approximately 15-20 years). This increase could be partially, but not completely, offset by introduction of a vaccination against shingles among those aged 60+.

Albert Jan van Hoek, who performed the research for the Health Protection Agency, said; "Our models suggest that vaccination would reduce the burden of chickenpox in the young. However, it will lead to an increase in shingles in the medium term in adults because they will not get that 'boosting' effect from being in contact with cases of chickenpox.

"There are still uncertainties in the research and a lot more work needs to be done examining whether vaccination will be a benefit to all of the population. Also further work needs to be done on the cost effectiveness of any potential chickenpox vaccine before any policy conclusions can be reached."

The Department of Health has commissioned an expert sub-group of the Joint Committee on Vaccination and Immunisation (JCVI) to look at all the scientific and medical evidence on chickenpox vaccines which will provide its recommendation in due course.

So, while the notice anticipates the JCVI review the rhetoric is a little different from the wide-eyed newspaper reports, as well as being highly damaging to the magic bullet school of vaccine propaganda. Of course, it only repeats in essence what Gary Goldman has heroically been trying to tell us all for years, but coming from a governmental source it ought to be a little harder to deny. The modelling nevertheless seems to be a little over-optimistic, if they are proposing wiping out wild chickenpox it will also logically eliminate natural protection against shingles altogether.

See [Gary Goldman, PhD - Exposing Problems with Chickenpox Vaccine](#) and Review of [The Chickenpox Vaccine: A New Epidemic of Disease and Corruption](#)

The *Mail* report, [Chickenpox jab for all children and pregnant women](#), also suggests that the vaccine is to be offered to pregnant women despite the fact that the manufacturers' data sheets clearly state that the vaccine is contra-indicated for pregnant women in both monovalent and multivalent forms. The data sheet for Varivax states under 'Who should not be vaccinated with Varivax':

[Pregnant women \(in addition pregnancy should be avoided for 3 months after vaccination\).](#)

Similarly, Merck's data sheet for the controversial [Proquad](#) states under contra-indications: To individuals who are pregnant: the possible effects of the vaccine on fetal development are unknown at this time (see PRECAUTIONS, pregnancy).

And under precautions:

Female vaccine recipients of childbearing age should be told to avoid pregnancy for 3 months after vaccination

The document has many other warnings which are unlikely to be observed in a mass vaccination campaign.

So, when it all goes wrong the manufacturers will be absolved, and the health official will just deny everything, as usual.