Varicella Zoster Immune Globulin (Human)

BIOLOGICAL PAGE

Alberta Health Services
Communicable Disease Control

Section 7	Biological Product Information	**Standard # 07.351**	
Created and approved by	Provincial Immunization Program		
Approval date	March 1, 2013	**Published**	March 17, 2026

	VariZIG
Manufacturer	KI BioPharma LLC
Classification	Passive: Immune Globulin

Indications for Provincially Funded Varicella Zoster Immune Globulin	**Post-exposure:**
	• The decision to administer VariZIG should be based on the susceptibility to varicella, significant exposure, increased risk of severe varicella and contraindication for post-exposure varicella vaccine.
	• Consultation with an infectious disease/infection control specialist is advised when VariZIG is being considered in acute care or other non-public health settings.
	• MOH approval is required for contacts of confirmed cases being investigated by CDC Notifiable Disease team.
	• VariZIG is of maximal benefit if administered within 96 hours of the most recent significant exposure to varicella disease.
	• If more than 96 hours but less than 10 days have elapsed since the last exposure VariZIG may be used for the purpose of modifying the disease.
	VariZIG should be considered for:
	• Susceptible pregnant individuals.
	• Newborn infants of mothers who develop varicella disease during the 5 days before to 48 hours after delivery.
	• Susceptible immunocompromised individuals with congenital or acquired immunodeficiency due to disease or treatment, including:
	  ○ Individuals receiving high-dose systemic corticosteroid therapy for 2 weeks or longer (prednisone equivalent of 2 mg/kg or more per day or 20 mg or more per day if weight is greater than 10 kg)
	  ○ Susceptible HIV infected individuals who are severely immune suppressed (CD4 cell count less than 200 x 10^6/L or CD4 percentage less than 15%)
	  ○ Hematopoietic stem cell transplant (HSCT) recipients should be considered susceptible prior to immunization and while not on antiviral medication.
	  ▪ Those who have received 2 doses of appropriately spaced varicella vaccine generally would not be considered susceptible.
	  ▪ Autologous HSCT recipients who have received 2 doses of appropriately spaced Shingrix vaccine would not be considered susceptible.
	Note:
	Individuals receiving replacement infusions of 400 mg/kg or more of intravenous immune globulin (IVIG) are considered protected and do not require VariZIG if the last dose of IVIG was received within 3 weeks before varicella exposure.
	• For management of significant varicella exposure in neonatal or pediatric intensive care, consultation with the infectious disease/infection control specialist regarding the potential

	VariZIG
	use of VariZIG is advised. Hospitalized preterm infants exposed during the first few weeks of life may be candidates for VariZIG as listed below: ○ If less than 28 weeks gestation or birth weight 1,000g or less, regardless of maternal immunity ○ If 28 or more weeks gestation and mother lacks evidence of immunity against varicella Evidence of immunity: ▪ Documentation of 2 valid doses of varicella-containing vaccine, or ▪ Laboratory evidence of immunity, or ▪ Laboratory confirmation of varicella disease (varicella PCR/NAT swab results) **Note:** • Follow zone specific processes to access VariZIG: ○ VariZIG is stocked at Calgary and Edmonton Vaccine Depots. ○ VariZIG is also available to hospital blood banks/hospital lab/Transfusion Medicine Departments through Canadian Blood Services. • For further disease information refer to the Alberta public health disease management guidelines: varicella (chickenpox).
Schedule	• 1 dose given within 96 hours after exposure. ○ Additional doses of VariZIG may be required if subsequent exposures occur more than 3 weeks after first dose.
Preferred Use	N/A
Dose	• 125 IU/10 kg body weight to maximum of 625 IU. • Minimum dose: 125 IU. • The maximum dose of 625 IU should be administered to any individual weighing 40.1 kg or more. • Each single use vial of VariZIG contains a minimum potency of 125 IU in 1.2 mL.
Route	IM
Contraindications/ Precautions	**Contraindications:** • Known hypersensitivity to any component of VariZIG. • History of anaphylactic reaction to immune globulins. • Individuals with immunoglobulin A deficiency. ○ These individuals have the potential to develop anti-IgA antibodies and have an anaphylactic reaction to subsequent blood products including immune globulin preparations that contain IgA. • Known immunity to varicella zoster virus. **Precautions:** • Use with caution in clients with a history of prior systemic allergic reactions following administration of human immune globulin preparations. • VariZIG is made from human plasma. Products made from human plasma may contain infectious agents that can cause disease. ○ Measures to prevent transmission of viral diseases from VariZIG include screening plasma donors for prior exposure to certain viruses, testing for the presence of certain current viral infections and using manufacturing techniques to inactivate and/or remove certain viruses. Despite these measures, such products could still potentially transmit disease. ○ A signed Consent to Treatment Plan or Procedure is required before administering immune globulin products.
Possible Reactions	**Common:** • Pain, bruising, and pruritus at the injection site

	VariZIG
	• Chills, fatigue, insomnia • Headache • Myalgia • Dysgeusia (altered sense of taste) • Nausea • Erythematous rash, rash, dermatitis, flushing **Rare:** • Anaphylaxis • Unexpected or unusual side effects can occur. Refer to the product monograph for more detailed information.
Pregnancy	May use during pregnancy. • Offer VariZIG to susceptible pregnant individuals who have been exposed to varicella if indicated.
Lactation	• May use for individuals who are lactating and feeding their milk to infants and children. It is not known if VariZIG is excreted in breast milk.
Composition	**Each 125 IU vial contains**: • 125 IU anti-varicella zoster virus antibodies • 10% maltose • 0.03% polysorbate 80 • Less than 180 mg human immunoglobulin G Contains no preservative.
Blood/Blood Products	Made from pooled human plasma.
Bovine/Porcine Products	Does not contain bovine or porcine products.
Latex	Does not contain latex.
Interchangeability	N/A
Administration with Other Products	• VariZIG cannot be given concurrently with live virus vaccines. • Immunization with live virus vaccines (MMR and varicella) should be deferred for at least 5 months after administration of VariZIG. • When it is necessary to administer VariZIG within 14 days after receiving MMR, MMR-Var or varicella vaccine, the vaccine should be repeated 5 months after the VariZIG administration. **Note:** • For further information, see Standard For Recommended Immunization Schedules.
Additional Preparation Instructions	Bring VariZIG to room or body temperature immediately prior to use.
Appearance	The product should be clear or slightly opalescent.
Storage	• Store VariZIG at +2°C to +8°C. • Discard any unused product. • Do not freeze. • Do not use beyond expiration date. • Store in original package to protect from light.
Vaccine Code	VZIG
Antigen Code	VZIG
Licensed for	Individuals of all ages.
Program Notes	• 1985 January 1: Implemented in Alberta.

	VariZIG
	• 2020 August 1: Recommendation for post HSCT updated and clarified. • 2025 August 1: Clarified susceptibility for autologous HSCT recipients with respect to Shingrix vaccine. • 2026 March 17: VariZIG available at Calgary and Edmonton Vaccine Depots.
Related Resources	Varicella Immune Globulin Information Sheet.

References

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