

Management of Varicella Outbreaks in IPAS/BOTP Settings

R. Barragry¹, N. Conroy^{1, 2}.

1. Department of Public Health Dublin and South East, Ireland.
2. School of Public Health, University College Cork, College Rd., Co. Cork, Ireland.

In response to 'Pregnancy outcomes of Ukrainian displaced women in Dublin'.

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Dear Editor,

We read with interest the research letter in the June edition of the IMJ 'Pregnancy outcomes of Ukrainian displaced women in Dublin' by Harhen et al.

It is very encouraging to see that the pregnancy outcomes for displaced Ukrainian women, as detailed in your retrospective review, aligned with those observed in the general population. This emphasises both the resilience and adaptability of displaced populations and the effectiveness of the obstetric services in the Coombe Hospital in providing comprehensive care to all patients.

From a public health perspective, it is important to highlight the vulnerabilities faced by displaced populations to infectious illness, especially non-immune pregnant women resident in BOTP (Beneficiaries of Temporary Protection) and IPAS (International Protection Accommodation Services) settings. Outbreaks in these settings present a significant risk, and are notifiable under infectious disease regulations.

With regard to outbreak-associated varicella zoster virus (VZV) infections, the HSE Dublin and South East public health team was notified of 22 outbreaks of VZV from Week 1 2023 to Week 33 2024. 18 (85.7%) of these outbreaks occurred in IPAS/BOTP settings. The total number of cases occurring as part of these outbreaks was 87. Twenty two pregnant contacts and one pregnant case were identified across all IPAS/BOTP settings.

All 22 pregnant contacts were screened for evidence of immunity by reviewing their antenatal records for Varicella IgG status or by direct referral for IgG testing. 14 (63.6%) had serological evidence of VZV immunity. However, 5 (22.7%) were found to be non-immune. The immune status of 3 women remained unknown at the time of outbreak closure (13.6%), but all were undergoing obstetric follow-up.

Post exposure prophylaxis was given to all five non-immune pregnant women, in line with local hospital and national guidelines^{1, 2}. Ring vaccination was offered to close contacts of non-immune pregnant women, and administered by public health teams. There were no complications related to VZV infection within this cohort and the hospitalisation rate from the settings was 0%.

Our experience highlighted a number of challenges. Usually, public health teams advocate removing non-immune pregnant women from congregate settings to reduce exposure risk. However, limited accommodation, logistical challenges and family circumstances usually precludes this. Furthermore, arranging urgent varicella IgG testing in a timely manner is not always possible. Mass vaccination in BOTP/IPAS settings during an outbreak comes with some unique challenges around record-keeping, informed consent, language barriers, and human resources.

In summary, the public health response to these outbreaks was critical in protecting the pregnant women, as well as preventing further ongoing transmission. Close collaboration between the Department of Public Health, Department of Children, Equality, Disability, Integration and Youth, IPAS, the HSE's National Social Inclusion Office, General Practitioners, and obstetric colleagues remains essential to the safeguarding of these vulnerable populations.

Declarations of Conflicts of Interest:

None declared.

Corresponding author:

Ruth Barragry,
Department of Public Health Dublin and South East,
Dublin 20,
Ireland.

E-Mail: Ruth.barragry@hse.ie

References:

1. National Immunisation Advisory Committee. Immunisation Guidelines for Ireland. <http://.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter23.pdf>
2. Clinical Practice Guideline Chickenpox in Pregnancy. Institute of Obstetricians and Gynaecologists, Royal College of Physicians of Ireland and the Clinical Strategy and Programmes Division, Health Service Executive (2018).