

Optimizing IMMUNIZATION PRACTICES: Your Role, Your Impact



SHINGLES

What Is Shingles?¹

- Shingles, aka herpes zoster, is a viral infection that causes a painful rash on one side of the face or body. It is caused by the reactivation of the varicella-zoster virus (VZV), the same virus that causes chickenpox.
- After a person recovers from chickenpox, the virus remains dormant in the body in the dorsal root ganglia and cranial nerve ganglia. It can reactivate at any time, leading to shingles.
- **Affected population:** Anyone who has had chickenpox can develop shingles, but the incidence increases in adults over 50 years of age. It can also affect vulnerable populations including, but not limited to, individuals with HIV, cancer, or those who are on immunosuppressive medications.
- The CDC estimates that about 1 in 3 people in the United States will have shingles in their lifetime and it can occur more than once

What Is the Burden of Disease?²

- The most worrisome and common complication from shingles is postherpetic neuralgia (PHN), which causes prolonged pain and disability. It is seen in 10% to 18% of people who have shingles. The risk for both experiencing it and for longer lasting and more severe pain increases with age.
- If shingles appears on the face, it can cause vision and hearing loss
- Hospitalization rates and mortality are higher in older adults and immunocompromised patients
- The economic impact from shingles stems from the pain and complications associated with herpes zoster reactivation which can lead to significant time off work, resulting in lost wages and productivity, particularly in the working-age population³
- A person with shingles can also infect people who have never had chickenpox or received the chickenpox vaccine, and they will develop chickenpox

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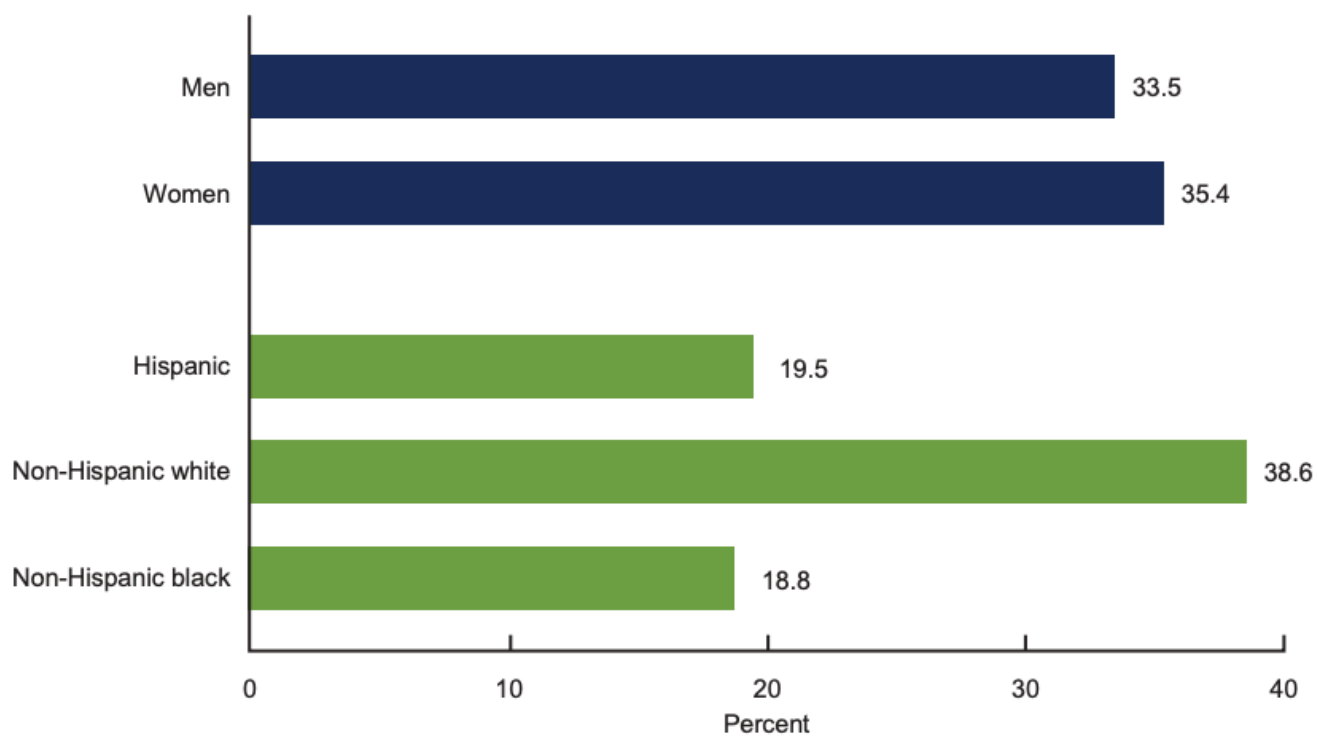


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What Is the Current Immunization Rate for Shingles?

- CDC data reports that about 34% of adults aged 60 and older have ever received the shingles vaccine, which is low compared to other vaccines⁴
- A 2020 report from the National Center for Health Statistics uncovered differences in vaccination coverage in adults ≥ 60 years of age based on socioeconomic status and race but not sex:³
 - Vaccination coverage was highest among adults with more than a high school education and those who were not poor
 - Women (35.4%) and men (33.5%) had similar likelihood of ever having received a shingles vaccine
 - Non-Hispanic White adults (38.6%) were approximately twice as likely as non-Hispanic Black (18.8%) or Hispanic (19.5%) adults to have ever received a shingles vaccine

Figure 1. Percentage of Adults aged 60 and Older Who Have Ever Received the Shingles Vaccine³



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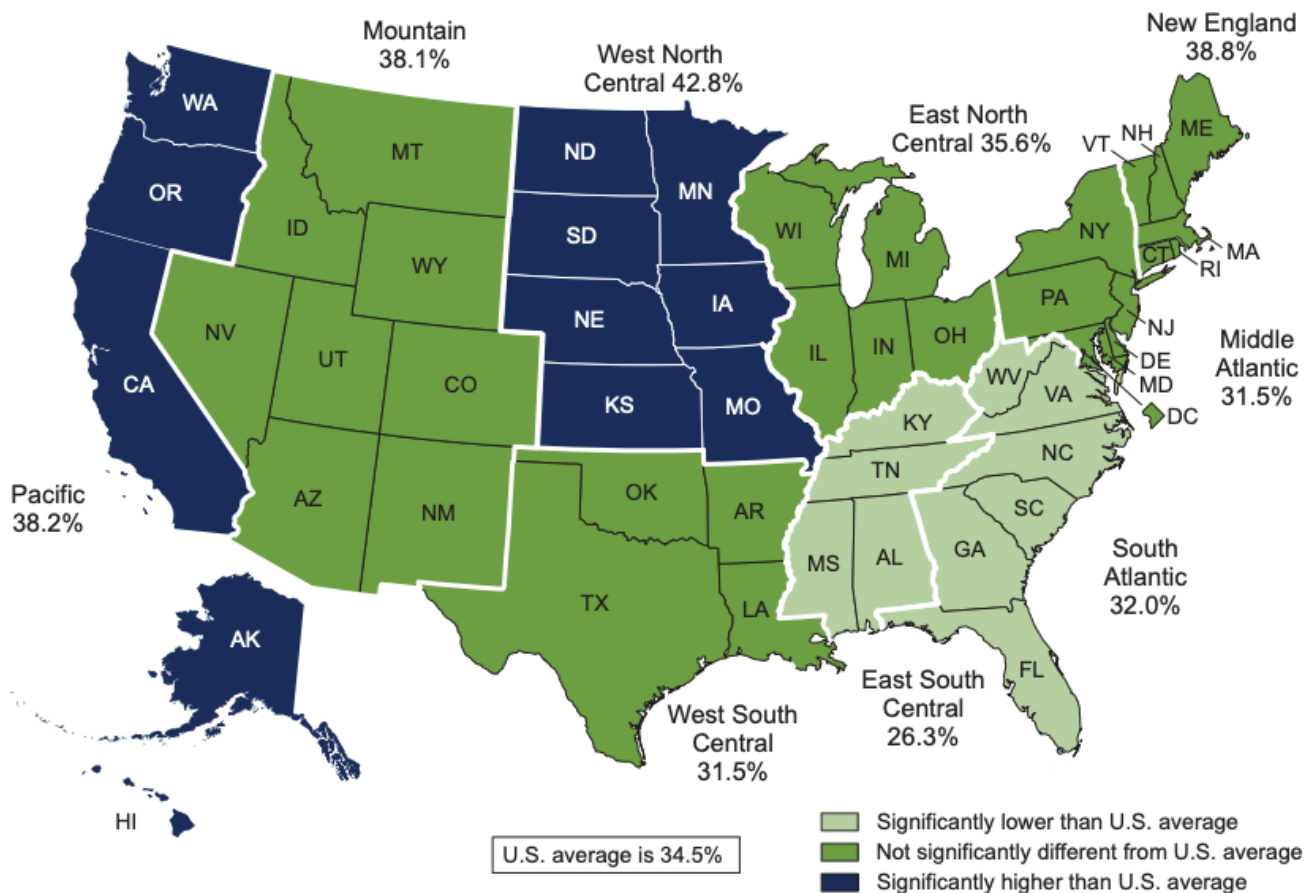


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What Is the Current Immunization Rate for Shingles? (continued)

- The East South Central region (26.3%) had the lowest and the West North Central region (42.8%) the highest percentage of those who have ever received a shingles vaccine

Figure 2. Regional Vaccination Rates Among Adults 60 Years and Older



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What Vaccines Are Currently Available in the US for Shingles?⁵

- The shingles vaccine is a recombinant zoster vaccine (RZV) commercially known as Shingrix, that is over 90% effective at preventing shingles and its complications
- Zostavax (ZVL), an older live attenuated zoster vaccine, is no longer available in the United States

What Are the Current Immunization Recommendations for RSV?

Figure 3. Adult Vaccine Schedule for Shingles⁶

| Vaccine | 19-26 years | 27-49 years | 50-64 years | ≥65 years |
|-----------------------------------|---|-------------|-------------|-----------|
| Zoster recombinant (RZV) ⓘ | 2 doses for immunocompromising conditions (See Notes) | | 2 doses | |

Yellow background: Recommended vaccination for adults who meet age requirement. Lack documentation of vaccination, or lack evidence immunity

Purple background: Recommended vaccination for adults with an additional risk factor or other indication

Recommendations

- **Adults aged 50 years and older** must receive two doses of RZV given between 2 to 6 months apart. The minimum interval between doses is 4 weeks.
 - No need to restart series if the duration is longer than 6 months
 - Unlike some of the other vaccines, this is not a seasonal disease and so the vaccine can be taken at any time
- **Adults 19 years and older with weakened immune systems** due to disease or therapy are recommended 2 doses of RZV⁷
 - **Administer after hematopoietic cell transplant.** At least 3–12 months after autologous and at least 6–12 months after allogeneic transplant.
 - **Administer prior to** solid organ transplant, chemotherapy, immunosuppressive medications, radiation therapy, and splenectomy
- **People who have had shingles** are recommended to receive the vaccine at any time and even as soon as they recover from a shingles infection because it can reoccur
- **People who had taken the Zostovax (ZVL) vaccine** are recommended to receive the full Shingrix series because the effectiveness of ZVL wanes substantially over time
- **Shingrix can be administered concomitantly** with other adult vaccines at a different anatomical site

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What Are Considerations When Speaking With Patients About Being Immunized Against Shingles?

- Barriers to vaccination include lack of awareness, out-of-pocket costs, misconceptions about the vaccine, and concerns about side effects⁸
- Some patients are concerned that they will get shingles from the vaccine, so reassure them that the vaccine does not contain any virus particles and that they will not get shingles from the vaccine
- It may help to explain postherpetic neuralgia, its impact on day-to-day activities, and long-term consequences because PHN can be debilitating so that patients comprehend the multifaceted disease burden

What Are Strategies to Increase Vaccine Uptake?^{9, 10}

- Some people think this vaccine is for older adults, so educate people who are **50 years and older** that it is recommended for them or anyone **19 years and older who is immunosuppressed**
- Stress the **health, social, familial, and financial consequences of getting shingles** (eg, inability to participate in recreational activities because of lingering neuralgia)
- Patients **do not require a prescription** to receive the vaccine at a pharmacy, but providers can write them a prescription as a reminder to the patient and pharmacy
- Patients may be more open to getting vaccinated after getting an **informed recommendation from their provider**
- Patients can receive their series when getting **other routine vaccines** to reduce the frequency of visits to their health care provider or pharmacist
- Suggest that your patient get **vaccinated at their pharmacy** if your institution does not carry this vaccine
- **Prepare patients for the side effects.** Anecdotally, patients have reported arm pain, malaise, and/or flu-like symptoms. Inform them so they are prepared and recommend that they receive this vaccine series on days that they feel well and will be able to rest afterward.
- **Educate your nurses and medical assistants** who interact with patients and ensure that everyone is conveying the same message about receiving vaccines, the benefits, and managing side-effects
- For patients who are underinsured or uninsured, recommend **community resources and the state's section 317 funds**¹⁰

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Key Takeaways

- The shingles vaccine is very effective at preventing shingles and complications from it that could impact your patients' health and ability to work
- Patients can get the vaccine even after getting shingles, after receiving the old Zostavax vaccine, and as soon as they recover from a recent shingles infection
- Recommend that your patients get their shots when they feel well and have time to rest in case they develop mild side effects

References

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