Zoster/Shingles Vaccines

Vaccine	Minimum Age	Primary Immunizatio n Schedule	Dose/Route	Booster
Recombinant Zoster	≥ 50 years	2 doses	0.5mL IM	None, but may be
Vaccine (RZV)		2 – 6	Must be reconstituted.	administered to persons
		months	See package insert for	who previously received
Shingrix [®] GlaxoSmithKline		apart	details.	ZVL.*
Zoster Vaccine Live (ZVL)	≥ 60 years	1 dose	0.65 mL (SC)	Not recommended
			Must be reconstituted.	
Zostavax [®] (Merck)			See package insert for	
			details.	

ACIP Recommendations for Recombinant Zoster Vaccine (RZV)

- Recommended for immunocompetent adults irrespective of prior receipt of varicella or live zoster vaccine.
- Persons who have received zoster vaccine live (ZVL) should wait at least 8 weeks before receiving RZV.^{*}
- RZV may be administered to persons who have a chronic medical condition (e.g., chronic renal failure, diabetes mellitus, rheumatoid arthritis, chronic pulmonary disease), unless a contraindication or precaution exists. Like ZVL, the recombinant vaccine (RZV) may be used for adults who:
 - are taking low-dose immunosuppressive therapy
 - o are anticipating immunosuppression
 - o have recovered from an immunocompromising illness
- RZV may be administered with other adult vaccines including those routinely recommended for adults age 50 years and older, such as influenza and pneumococcal vaccines. The safety and efficacy of concomitant administration of two adjuvanted vaccines, such as RZV and Fluad, have not been evaluated.
- RZV is not indicated to treat acute herpes zoster or postherpetic neuralgia. Do not administer RZV during an acute episode of herpes zoster.
- It is not necessary to screen, either verbally or by laboratory serology, for evidence of prior varicella infection.

ACIP Recommendations for Zoster Vaccine Live (ZVL)

- Recommended for immunocompetent adults 60 years and older unless contraindicated and irrespective of their history they report a prior episode of herpes zoster (shingles).
- ZVL may be administer to persons with chronic medical conditions (e.g. chronic renal failure, diabetes mellitus, rheumatoid arthritis, and chronic pulmonary disease) unless those conditions are contraindications or precautions.
- ZVL may be administered to persons at any time before, concurrent with, or after receiving blood or other antibody-containing blood.
- Zoster vaccination is **not** indicated to treat acute zoster, to prevent persons with acute zoster from developing post-herpetic neuralgia (PHN) pain or to treat ongoing PHN.

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- It is not necessary to ask patients about their history of varicella (chickenpox) or conduct serology • testing for varicella immunity.
- ZVL vaccination is **not** recommended for persons of any age who have received varicella vaccine. • However, health-care providers do not need to inquire about varicella vaccination history before administering zoster vaccine because virtually all persons currently or soon to be in the recommended age group have not received varicella vaccine.

RZV	ZVL
Severe allergic reaction (anaphylaxis) to a vaccine component (i.e. gelatin or neomycin) or following a prior dose.	 Severe allergic reaction (anaphylaxis) to a vaccine component (i.e. gelatin or neomycin) or following a pri dose.
There are no available data to establish whether RZV is safe in pregnant or lactating women and there is currently no ACIP recommendation for RZV use in this population. Consider delaying vaccination with RZV in such circumstances.	 Do not administer to pregnant women. Pregnancy should be avoided for at least 3 months following receipt of the vaccine.
RZV is not a treatment for herpes zoster or postherpetic neuralgia and should not be administered during an acute episode of herpes zoster. (P)	 Do not administer ZVL to immunosuppressed or immunodeficient individuals including those with a history of primary or acquired immunodeficiency states leukemia, lymphoma or other malignant neoplasms affecting the bone marrow or lymphatic system, AIDS o other clinical manifestations of infection with human immunodeficiency viruses, and those on immunosuppressive therapy.
	 Persons taking chronic acyclovir, famciclovir, or valacyclovir should discontinue these medications at least 24 hours before administration of zoster vaccine, possible. These medications should not be used for at least 14 days after vaccination, by which time the immunologic effect should be established.
Storage	and Handling
Store both the lyophilized powder and diluent in the refrigerator at 36°F – 46°F (2°C – 8°C).	 Store the lyophilized powder in the freezer between -58°F and 5°F (aim for 0°F). The diluent can be stored at room temperature or in the refrigerator at 36°F – 46°F (2°C – 8°C).

Contraindications/Precautions(P)

GSK (2017). About Shingrix. Retrieved on 2/7/18 from www.gsksource.com/pharma/content/gsk/source/us/en/brands/shingrix/pi/about-

2.

Harpaz, R., Ortega-Sanchez, I., Seward, J. Prevention of Herpes Zoster: Recommendations of the Advisory Committee on Immunization Practices. 4. MMWR Recommendations and Reports. 2008;57:1-30. DOI www.cdc.gov/mmwr/preview/mmwrhtml/rr5705a1.htm



shingrix.html

^{3.} Merck (2017). Zostavax: Zoster Vaccine Live. Retrieved on 3/7/18 from www.zostavax.com/