**Centers for Disease Control and Prevention** National Center for Immunization and Respiratory Diseases



# **Zoster Vaccination**

#### Pink Book Web-on-Demand Series September 20, 2022

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NCIRD, CDC

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## **Learning Objectives**

- Describe the Advisory Committee on Immunization Practices General Best Practice Guidelines on Immunization.
- Describe an emerging immunization issue.
- For each vaccine-preventable disease, identify those for whom routine immunization is recommended.
- For each vaccine-preventable disease, describe characteristics of the vaccine used to prevent the disease.
- Locate current immunization resources to increase knowledge of team's role in program implementation for improved team performance.
- Implement disease detection and prevention health care services (e.g., smoking cessation, weight reduction, diabetes screening, blood pressure screening, immunization services) to prevent health problems and maintain health.

## **Continuing Education Information**

- CE credit, go to: <u>https://tceols.cdc.gov/</u>
- Search course number: WD4564-092022
- CE credit expires: July 1, 2024
- CE instructions are available on the Pink Book Web-on-Demand Series web page
- Questions and additional help with the online CE system, e-mail <u>CE@cdc.gov</u>



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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



# Zoster Disease

#### Reactivation of varicella-zoster virus



#### Associated with:





Immunosuppression



Varicella in the first year of life

#### Associated with:







Immunosuppression



Varicella in the first year of life

Intrauterine exposure

#### Associated with:





Immunosuppression



Varicella in the first year of life



#### Blisters

- Scab in 7–10 days
- Clears 2–4 weeks
- "Burning" pain

Cover the lesions to prevent VZV transmission

# **Complications of Herpes Zoster**



#### Postherpetic neuralgia (PHN)

Herpes zoster ophthalmicus

 Dissemination with generalized skin eruptions and involvement of the central nervous system, lungs, liver, and pancreas

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Herpes zoster ophthalmicus

 Dissemination with generalized skin eruptions and involvement of the central nervous system, lungs, liver, and pancreas



### Approximately 1 million episodes occurred annually in the United States in the pre-vaccine era

#### Lifetime risk of zoster estimated to be 32%

#### 50% of persons living until age 85 will develop zoster

https://www.cdc.gov/shingles/about/overview.html



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 People who never had chickenpox or never received any varicella-containing vaccine, <u>cannot</u> get shingles.

Remember: Shingles is a reactivation of latent VZV

• Zoster risk *increases* with age and with immunocompromised status.

• Half of all cases occur in people aged  $\geq$ 60 years!

- Most people who have zoster will only have <u>one</u> episode. Risk of recurrence is low especially among those who are immunocompetent.
- Risk of zoster is much lower among persons vaccinated against varicella, compared to persons who previously had natural VZV infection.



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# Zoster Vaccine

# Vaccine for Prevention of Zoster (Shingles)



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#### Schedule: 2 doses, 2 to 6 months apart



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Dose 1

If >6 months have elapsed since the first dose, administer the second dose as soon as possible.

Do NOT restart the series.



Dose 2

Potential alternate schedule for immunocompromised patients:
2 doses, 1-2 months apart



#### Route: IM Injection

- Site: Deltoid or the thigh may be used if necessary
- Needle gauge and length: 23- to 25-gauge needle, length varies by age/weight
- Subcutaneous doses would count, even though it is a vaccine administration error
- RZV may be administered during the same clinical encounter as other vaccines



- Administer 2 doses of Shingrix regardless of previous history of:
  - Vaccination with varicella-containing vaccines—Varivax or Zostavax
  - Varicella disease
  - Zoster disease

## Separate varicella-containing vaccines and Shingrix by at least 8 weeks

# Shingrix (RZV) vaccine efficacy

	50 to 69 years	70 years and older
Preventing Shingles	97%	91%
Preventing PHN	91%	89%

- In people 70 years and older who had healthy immune systems, Shingrix immunity remained high throughout 7 years following vaccination
- Among immunocompromised adults, Shingrix was between 68% to 91% effective in preventing shingles

#### **Zoster Vaccine Recommendations**



https://www.cdc.gov/vaccines/schedules/index.html

## **Zoster Adult Vaccination Schedule**

Vaccine	19–26 years	27-49 years	50-64 years	≥65 years
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	

Recommended vaccination for adults with an additional risk factor or another indication Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

# **Zoster Adult Vaccination Schedule**



Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
#### **Zoster Adult Vaccination Schedule**



Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

If a patient is expected to become immunosuppressed due to therapy, administer RZV vaccine **before** patient becomes immunosuppressed. Consider using minimum intervals between the two doses.

#### **Zoster Adult Vaccination Schedule**



There is **NO** recommendation for RZV use in pregnancy. Consider delaying RZV until after pregnancy.

#### **Zoster Adult Vaccination Schedule**



If RZV vaccination is indicated for a breastfeeding mother, then RZV may be given



- A 64-year-old woman who previously received Zostavax is wondering if she should be vaccinated against Zoster using Shingrix. Should she receive Shingrix vaccination?
  - A. Yes
  - B. No





- A 64-year-old woman who previously received Zostavax is wondering if she should be vaccinated against Zoster using Shingrix. Should she receive Shingrix vaccination?
  - **A. Yes!**





- A 4-year-old child was supposed to receive varicella vaccination, but instead accidentally received Shingrix. Does the Shingrix dose "count" for her varicella vaccine?
  - A. Yes
  - B. No





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  - **B. No**



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## Clinical Considerations



- RZV is <u>not indicated</u> for the prevention of varicella
- There are limited data on the use of RZV in persons without a history of varicella or varicella vaccination.
- If RZV was inadvertently administered to a patient when varicella vaccination was indicated, administer the varicella vaccine as soon as possible (no minimum interval).

Do we need to ask about prior chickenpox or shingles, or test for serologic evidence of prior varicella before zoster vaccination?

Serologic evidence of prior varicella is <u>not necessary</u> for zoster vaccination.

- More than 99% of Americans born before 1980 have had varicella, even if they don't remember it
- ACIP considers people born in the United States prior to 1980 as immune to varicella, EXCEPT for:
  - o Immunocompromised persons
  - o Healthcare personnel
  - o Pregnant women
- If serologic evidence of varicella susceptibility does become available, providers should follow ACIP guidelines for varicella vaccination first.

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## **Zoster Vaccine and Serology**

#### If tested and varicella-negative:

- Administer 2 doses of single-antigen varicella vaccine (Varivax) separated by at least 4 weeks
- Followed by 2 doses of RZV, separated by 2–6 months
  - Separate the 2<sup>nd</sup> (last) dose of varicella and 1<sup>st</sup> dose of RZV by at least 8 weeks

What if my patient is immunocompromised and has never had varicella or varicella vaccination before? Can they still receive RZV vaccination?

## It Depends...

- Every effort needs to made to determine if an immunocompromised patient has evidence of prior immunity to varicella. Evidence of immunity for immunocompromised persons include:
  - Documented receipt of 2 doses of varicella vaccine,
  - Laboratory evidence of immunity,
  - Laboratory confirmation of disease,
  - Diagnosis or verification of history of varicella or herpes zoster by a healthcare provider

## It Depends...

- U.S. birth before 1980 does NOT constitute acceptable evidence of immunity for
  - Immunocompromised persons
  - Healthcare workers
  - Pregnant women
- For immunocompromised adults with no documented history of varicella, varicella vaccination, or herpes zoster, providers should refer to the ACIP varicella vaccine recommendations for further guidance, including postexposure prophylaxis guidance.
  - <u>https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5604a1.htm</u>

What if my patient had zoster before? Can they still be vaccinated?



Patients who previously had an episode of zoster can be vaccinated.



- A 25-year-old patient who had chickenpox as a child has experienced multiple episodes of shingles. Is this patient able to receive the Shingrix vaccine?
  - A. Yes
  - B. No





A 25-year-old patient who had chickenpox as a child has experienced multiple episodes of shingles. Is this patient able to receive the Shingrix vaccine?

• **B. No** 





- A 53-year-old attending physician is transferring jobs and is going to start working in your hospital system in a few weeks. Since this physician was born before 1980, can you presume that this physician is immune to varicella and vaccinate with RZV now?

- A. Yes
- B. No



A 50-year-old attending physician is transferring jobs and is going to start working in your hospital system in a few weeks. Since this physician was born before 1980, can you presume that this physician is immune to varicella and vaccinate with RZV now?



• **B. No** 





#### **Contraindications**

#### **RZV (Shingrix)**

Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a vaccine component



#### **RZV (Shingrix)**

Moderate or severe acute illness with or without fever

## **RZV (Shingrix) Adverse Reactions**

#### Local reactions are VERY common

- Pain, redness and swelling
- Systemic reactions
  - Fatigue, headache, shivering, fever, nausea
- Symptoms resolve in 2-3 days
- Guillain-Barré syndrome (GBS) has been reported very rarely

### **Adverse Reactions after Shingrix**

#### Educate patients regarding:

- Potential adverse reactions, including injection site and systemic reactions
- The need for a second dose–even if s/he has an adverse reaction
- Offer comfort measures and strategies



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# Storage & Handling

## **RZV Storage and Handling**

#### Store between 2°C and 8°C (36°F and 46°F)

- Store vaccine AND diluent in the refrigerator
- Vaccine should be administered immediately after reconstitution or stored in the refrigerator and used within 6 hours

#### Do not freeze

#### RZV (Shingrix)

Ages:	Adults 50 years and older		
	Adults 19 years and older who are or will be immunodeficient or immunosuppressed because of disease or therapy		
Use for:	Any dose in the series		
Route:	Intramuscular (IM) injection		
	Refrigerate both components; do NOT freeze		
Reconstitute lyophilized varicella zoster component with manufacturer-supplied adjuvant suspension			
Beyond Use Time: Discard reconstituted vaccine if not used within 6 hours.			

#### Q&A

- While giving a dose of Shingrix the syringe came loose from the needle and part of the dose leaked out. Will the patient be protected with this partial dose, or does it need to be repeated?
  - A. Dose should not be repeated
  - B. Dose should be repeated immediately
  - C. Wait 6 weeks to administer dose

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#### Q&A

- While giving a dose of Shingrix the syringe came loose from the needle and part of the dose leaked out. Will the patient be protected with this partial dose, or does it need to be repeated?
- B. Dose should be repeated immediately



#### **Vaccine Information Statements**



#### There is a VIS for:

• RZV (Shingrix)

#### Give the appropriate VIS for the product that will be administered
# **Shingrix Vaccine Administration Errors**

- Vaccine administration errors reported to VAERS include:
  - Wrong route: Subcutaneous route rather than IM
  - Wrong vaccine: Shingrix instead of varicella (Varivax) vaccine
  - Improper storage: Administered after frozen storage
  - Wrong preparation: Administered the adjuvanted diluent only
  - Wrong schedule: Interval violations between doses of Shingrix or a previous dose of varicella-containing vaccine
- Other errors we have heard about:
  - Staff unaware of the need for a second dose

## **Zoster Vaccine Resources and References**

Shingles (Herpes Zoster)						
CDC > Shingles H	lome > Vaccination		6 O 🗇 😔			
♠ Shingles Home       Clinical Considerati         About Shingles       +         Vaccination       -         Adults Aged ≥19 Yea			ns for Use of Recombinant Zoster (ix) in Immunocompromised rs		vww.cdc.gov,	/shingles/vaccination/immunocompromised-adults.html
Clinical Recom Shingri	Vaccine Recommendations and Guidelines of the ACIP					
Adults Ad	CIP Recs Home > Vaccine	Specific Recommendations		(f) 💟 🗊 🍪	https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/shingles.html	
For Healt Laborato Burden a	ACIP Recs Home Vaccine-Specific Recommendations	Zoster (Shingles) ACIP Vaccine Recommenda Advisory Committee on Immunization Practices (ACIP)		ations		
Resource	Anthrax BCG Cholera COVID-19 Dengue DTaP/IPV/Hib/HepB DTaP/ITdap/Td Hepatitis A Hepatitis B Hib	Vaccines and Preventable Dis	seases			
Multime		Vaccines & Preventable Diseases Home > Vaccines by Disease > Shingles				
		A Vaccines & Preventable Diseases Home Shingles (Herpes Zoster) Vaccin		ation Inform	nation for	
		Vaccines by Disease —	Healthcare Providers			https://www.cdc.gov/vaccines/vpd/shingles/hcp/index.html
		Chickenpox (Varicella) + Dengue +	Shingrix Recommendations CDC vaccination recommendations, and the contraindications and precautions for S		cination	
		Diphtheria +	About the Vaccine			
		Flu (Influenza) + Hepatitis A +	Information about Shingrix vaccine composition, dosage, and adminis protection, reactogenicity	istration, and vaccine efficacy, duration of ne		
		Hepatitis B + Hib +	Frequently Asked Questions About Shingrix Answers to commonly asked questions about the new shingles vaccin			
		Human Papillomavirus (HPV) + Measles +	Storage and Handling Information about Shingrix vaccine storage and handling			

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#### **E-mail Your Immunization Questions to Us**

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### **Thank You From Atlanta!**

