

Protect your patients with the new shingles vaccine

CDC recommends new shingles vaccine (Shingrix) for adults 50 and older

patients:

50+
years old

doses:


2-6 months
apart

administer:

intra-
muscular
in the
deltoid



storage:

36°-46°
refrigerate



Who should get Shingrix

Give Shingrix (Recombinant Zoster Vaccine) to immunocompetent adults **50 years and older**, including those who

- had shingles in the past
- received Zostavax® (Zoster Vaccine Live) at least 8 weeks prior
- have health conditions, such as chronic renal failure, diabetes mellitus, rheumatoid arthritis, or chronic pulmonary disease
- are receiving other vaccines, such as influenza and pneumococcal vaccines, at the same visit
- are taking low-dose immunosuppressive therapy

While Shingrix is not contraindicated in immunocompromised people, it is not recommended by the Advisory Committee on Immunization Practices (ACIP) at this time. ACIP will review evidence for Shingrix in immunocompromised people as it becomes available.

Who should not get Shingrix

You should not give Shingrix to a patient who has ever had a severe allergic reaction, such as anaphylaxis, to a component of this vaccine, or after a dose of Shingrix. Consider delaying vaccination if your patient is pregnant, lactating, or experiencing an acute episode of shingles.

Administering and storing Shingrix

- Adults 50 years and older should receive **2 doses** of Shingrix. Give the second dose **2 to 6 months** after the first.
- Administer Shingrix **intramuscularly** in the deltoid region of the upper arm with a 1- to 1.5-inch needle.
- Both vials of Shingrix must be refrigerated at a temperature of 36-46° F. Do not use if exposed to temperatures below 36° F.

Reconstitution

- Prepare Shingrix by reconstituting the antigen component with the adjuvant suspension component.
- Either administer it immediately, or store it in the refrigerator and use it within 6 hours of reconstitution. Otherwise, discard it.

Cost and insurance

Shingrix is now covered by most health insurance plans. Tell your patients to contact their health insurance providers ahead of time to see if they will cover the vaccine



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

www.cdc.gov/shingles/vaccination

National Center for Immunization and Respiratory Diseases (NCIRD)

About Shingrix

Shingrix is a new adjuvanted, non-live recombinant shingles vaccine. Two doses of Shingrix provides more than 90% protection against shingles and postherpetic neuralgia (PHN), the most common complication of shingles.

Report adverse reactions to Shingrix

Report clinically important adverse events that occur after vaccination, even if you are not sure whether the vaccine caused the adverse event, to the Vaccine Adverse Events Reporting System (vaers.hhs.gov).

Counseling patients about Shingrix

Know the benefits and side effects of Shingrix so you're prepared to talk with your patients before administering the vaccine.

What to tell patients about Shingrix benefits:

- You can protect yourself against shingles. Shingles is a very painful disease, and your risk of getting it increases as you age. Also, you are more likely to have severe, long-term pain if you get shingles when you are older. About 1 out of every 3 people in the United States will develop shingles in their lifetime.
- Shingrix provides strong protection against shingles and long-term pain from the disease. Two doses of Shingrix are more than 90% effective at preventing shingles. So it's very important that you get this vaccine.

What to tell patients about Shingrix side effects:

- Most people have a sore arm after they get Shingrix. Many people have redness and swelling on their arm spanning several inches where they got the shot. Many people also felt tired or experienced muscle pain, a headache, shivering, fever, stomach pain, or nausea. About 1 out of 6 people had symptoms severe enough to prevent them from doing regular activities. You should plan to avoid strenuous activities, such as yardwork or swimming, for a few days after vaccination. Side effects usually go away after 2 to 3 days. Remember that the pain from shingles can last a lifetime, and these side effects should only last a few days
- If you do have side effects, you may choose to take over-the-counter pain medicine such as ibuprofen or acetaminophen. You can submit a report of your side effects to the Vaccine Adverse Event Reporting System through the website (vaers.hhs.gov).

What to tell patients about dose two:

- You need to come back in 2 to 6 months for your second dose. We can make that appointment now.
- Even if you have side effects from the first dose, it is important to get the second dose to build strong protection against shingles. Your reaction to each dose may be different; just because you have a reaction to the first dose does not mean that you will have a reaction to the second.

Give patients the Shingrix (Recombinant Zoster Vaccine) VIS

VACCINE INFORMATION STATEMENT

Recombinant Zoster (Shingles) Vaccine, RZV:
What You Need to Know

1 Why get vaccinated?

Shingles (also called herpes zoster, or just zoster) is a painful skin rash, often with blisters. Shingles is caused by the varicella zoster virus, the same virus that causes chickenpox. After you have chickenpox, the virus stays in your body and can cause shingles later in life. You can't catch shingles from another person. However, a person who has never had chickenpox (or chickenpox vaccine) could get chickenpox from someone with shingles.

A shingles rash usually appears on one side of the face or body and lasts within 2 to 4 weeks. Its main symptoms are pain, which can be severe. Other symptoms can include fever, headache, chills, and upset stomach. Very rarely, a shingles infection can lead to pneumonia, hearing problems, blindness, brain inflammation (encephalitis), or death.

For about 1 person in 5, severe pain can continue even long after the rash has cleared up. This long-lasting pain is called post-herpetic neuralgia (PHN).

Shingles is far more common in people 50 years of age and older than in younger people, and the risk increases with age. It is also more common in people whose immune systems is weakened because of disease such as cancer, or by drugs such as steroids or chemotherapy. In fact, 1 million people a year in the United States get shingles.

2 Shingles vaccine (recombinant)

Recombinant shingles vaccine was approved by FDA in 2017 for the prevention of shingles. In clinical trials, it was more than 90% effective at preventing shingles. It can also reduce the likelihood of PHN.

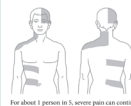
This vaccine is a needle shot. It is recommended for adults 50 and older.

This vaccine is also recommended for people who have already gotten the live shingles vaccine (Zostavax). There is no harm in this vaccine.

3 Some people should not get this vaccine

Tell your vaccine provider if you:

- Have any severe, life-threatening allergic reaction after a dose of recombinant shingles vaccine, or have a severe allergy to any component of this vaccine, may be advised not to be vaccinated. Ask your health care provider if you want information about vaccine components.
- Are pregnant or breastfeeding. There is not much information about use of recombinant shingles vaccine in pregnancy or nursing women. Your healthcare provider might recommend delaying vaccination.
- Are not feeling well. If you have a cold/flu, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
CDC