

SHINGLES VACCINATION

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What is herpes zoster?

Herpes zoster, commonly known as shingles, is a painful skin rash that is caused by the same virus that causes chicken pox. After a person has the chicken pox, the virus stays in the body and can reappear later as shingles.

How common is shingles?

In the US, 10-20 percent of the general public will experience shingles in their lifetime, and 50 percent of people who live to be 85 will experience shingles. There are an estimated one million new cases of shingles each year.

Who is at risk for developing shingles?

Any one who has had chicken pox is at risk of developing shingles, but it is most common in people over the age of 50, and the risk continues to go up with age. No one knows why this happens in certain people, but it is more common in people who have weakened immune systems because of a disease like cancer or certain medications, such as steroids. Shingles is not contagious; however, if someone who has not had chicken pox is exposed to the shingles virus, they may develop chicken pox.

What are the symptoms of shingles?

Acute pain, itching or tingling usually occur before the skin rash appears, which typically lasts two to four weeks. The rash may start as small red spots that turn into blisters over about seven to 10 days. Other symptoms include headache, fever, chills and upset stomach. One in five people will experience severe pain even after the rash is gone. This pain is referred to as post-herpetic neuralgia and can last for months to years.

The herpes zoster (shingles) vaccine

In 2006, a vaccine called Zostavax[®] was licensed to help prevent shingles. It reduces a person's risk of getting shingles by 50 percent, and also reduces the pain of shingles in people who develop the disease after receiving the vaccination. Zostavax[®] is recommended for people over the age of 60 who have had the chicken pox. The vaccine will not treat shingles once the rash has developed, but it can be used to help prevent a second episode of the disease. At this time, it is not known how long the protection from



Photo courtesy of James Gathany

the vaccine will last, but current studies show that it should be effective for at least six years.

Is the vaccine safe?

Zostavax[®] has been tested in about 20,000 people over the age of 60 and the Food and Drug Administration (FDA) has determined that the vaccine is safe. Even though the vaccine is safe, there are a few side effects to be aware of. The most common side effects you may notice include: redness, pain, itching, swelling or bruising where the injection was given, or a headache. Other reported side effects include fever, muscle and joint pain, rash or hives at the injection site, swollen glands near the injection site and allergic reactions. Allergic reactions can include difficulty breathing, weakness, wheezing, a fast heart-beat, dizziness, hives or swelling of the throat.

Who should NOT receive Zostavax[®]?

- Anyone who has had a life-threatening allergic reaction to gelatin, neomycin (an antibiotic) or any other component of the vaccine.
- Anyone who has a weakened immune system due to a disease that affects the immune system (such as HIV/AIDS); anyone who is taking medications that can affect

the immune system (such as steroids); anyone who is undergoing cancer treatment (radiation or chemotherapy).

- Anyone who is, or might be, pregnant. Women should not become pregnant for four weeks after receiving the vaccine.
- Anyone with a moderate or severe acute illness. It is okay to receive the vaccine if you have a minor illness (such as a cold).
- If you have questions about whether or not you should get this vaccine, contact your pharmacist or physician.

Where can you get the shingles vaccine and is it covered by insurance?

Licensed immunizing pharmacists can provide this vaccine. Call your local pharmacy to find out if they offer this service. Many pharmacies will ask that you make an appointment to ensure that the immunizing pharmacist is available to answer any questions that you have and to administer the vaccine. The shingles vaccine is covered by all Medicare Part D plans, but it is not covered by Medicare Part B, which is why it is important to go to your pharmacy to receive the vaccination. Private insurance plans and Medicaid may cover the vaccine; you can contact your insurance company to find out.

For more information, ask your pharmacist!

This information is provided by Michigan Pharmacists Association and:

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What is herpes zoster and who is at risk?

Herpes Zoster, or shingles, is caused by the *varicella zoster virus*, which is the same virus that causes the chicken pox. After a patient recovers from the initial acute infection, the virus may lie dormant in the neural ganglia and when it is reactivated it causes the painful rash known as shingles. When the virus in the ganglion is reactivated, it travels down the nerve fiber to the skin and causes the painful rash. Patients may experience itching, tingling and pain one to five days before the rash actually appears. The rash typically appears on one side of the body and is localized to a single dermatome. Over a period of seven to 10 days, the rash changes from erythematous and macropapular into clear vesicles. The vesicles will then crust over and eventually heal. Other symptoms of shingles can include: itching, fever, headache and malaise. Most people will only experience one episode of shingles in their lifetime, but it is possible to have repeated episodes.

Anyone who has had the chicken pox is at risk for shingles, and it is possible that someone who received the live *varicella zoster* vaccine could develop the disease. The people at the greatest risk of developing shingles are people over the age of 50; people with immunosuppression (due to disease or medications); people who were exposed to varicella in utero; and people who contracted the chicken pox at less than 18 months of age. Shingles is not contagious, but it is possible to transfer the virus from the rash to a person who has never had chicken pox, which may cause them to contract chicken pox.

Complications of herpes zoster

The rash may spread to the patient's eyes, causing chronic ocular problems, and the lesions may become infected. After the rash heals, the patient may be left with skin discoloration and scarring. The most common complication of Shingles is post-herpetic neuralgia. This is a chronic pain condition that persists or appears more than 90 days after the onset of the original rash. This intense pain can last for weeks to months, or even years. The post-herpetic neuralgia severity and duration tends to be worse in older



Photo courtesy of James Gathany

patients, but can occur in anyone.

Preventing herpes zoster

In 2006, the Food and Drug Administration (FDA) approved Zostavax®, a live virus zoster vaccine that is recommended for patients over the age of 60 for the prevention of shingles. The vaccine is at least 14 times more potent than the varicella vaccine in order to elicit the necessary immune response in the older patient population. The vaccine will not treat an active shingles outbreak or post-herpetic neuralgia. The vaccine is most efficacious for patients between the ages of 60 and 69 (64 percent efficacy), and seems to decrease as patients get older (38 percent efficacy). Studies show that the vaccine reduces the incidence of shingles by 51 percent and the incidence of post-herpetic neuralgia by 67 percent. In patients who do still experience shingles, the severity and duration is usually reduced.

Administering Zostavax®

The vaccine should be given to patients over the age of 60 who have a history of chicken pox; currently, only one dose of zoster is recommended. If the patient is not sure if they have had the chicken pox, it is okay to assume that they have and

administer the vaccine. Patients who have had an anaphylactic response to gelatin, neomycin or any other component of the vaccine should not receive it, as well as immunocompromised patients (due to illness or medication), patients who are or may become pregnant, or patients with acute illness. Patients who have already experienced an episode of shingles should be given the vaccine to help prevent a second episode. The 0.65 mL dose should be administered subcutaneously in the upper arm and can be given at the same time as all other live and inactivated vaccines. Side effects of the vaccine are usually mild and include redness, itching and bruising at the injection site, muscle and joint pain, and headache. Any serious reactions should be reported to the Vaccine Adverse Event Reporting System at (800) 822-7967. The shingles vaccine is a live vaccine and therefore it must be protected from light and stored in the freezer. The diluent can be stored in the refrigerator or at room temperature. Once the vaccine has been reconstituted, it should be administered within 30 minutes or discarded. Medicare Part D insurance plans cover the zoster vaccine; however, co-pays will vary with each individual plan. Some private insurance plans and Medicaid plans also cover the vaccine.