

Letter to the Editor: The Pundit Speaks

By Randolph M. Howes, M.D., Ph.D.

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“Shingles Vaccine (Shingrix) Now Available”

Shingles is a reactivation of an original chickenpox infection that travels down a nerve dermatome and causes rash and pain. It's a common infection and roughly 1 in every 1000 people every year in the United States will suffer shingles, and about 1 in 3 people in the United States will suffer shingles in their lifetime. Usually, shingles occurs in those > 65 years of age. The pain of shingles is severe. It's right up there with corneal abrasions, labor and delivery, and kidney stones. The first shingles vaccine was licensed and recommended in 2006. It's called Zostavax® and is a live, weakened form of the chickenpox (varicella) virus. The efficacy of Zostavax against rash was about 51%; the efficacy against postherpetic neuralgia (the pain associated with shingles) was about 67%. In October 2017, another shingles vaccine, called Shingrix, was licensed and recommended. The efficacy of Shingrix against rash, is in the mid- to high 90% range. The side effect profile for systemic side effects (fever, myalgia, chills) is somewhat worse for Shingrix than for Zostavax. In clinical trials of more than 30,000 people, Shingrix was not associated with serious adverse events. About 1 in 10 people who got Shingrix reported systemic effects that limited activity, such as myalgia, fatigue, headache, shivering, fever, or gastrointestinal illness. CDC recommends Shingrix® (recombinant zoster vaccine) as preferred over Zostavax® (zoster vaccine live) for the prevention of herpes zoster (shingles). CDC recommends two doses of Shingrix separated by 2 to 6 months for immunocompetent adults age 50 years and older. There is no specific amount of time you need to wait before administering Shingrix to patients who have had herpes zoster. However, you should not give Shingrix to patients who are experiencing an acute episode of herpes zoster. More than 99% of adults age 50 years and older worldwide have been exposed to varicella zoster virus, and the Advisory Committee on Immunization Practices (ACIP) considers people born in the United States prior to 1980 immune to varicella. Shingrix should **not** be administered to: 1) a person with a history of severe allergic reaction, such as anaphylaxis, to any component of a vaccine or after a previous dose of Shingrix and 2) a person who is known to be seronegative for varicella. Shingrix is not a treatment for herpes zoster or postherpetic neuralgia (PHN). Shingrix has not been studied in pregnant women or who are breastfeeding. Adults with a moderate or severe acute illness should usually wait until they recover before getting the vaccine. Patients are advised not to engage in strenuous activities for a few days after vaccination.

In the America that I love, we must keep up with the latest shingles vaccine information.

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