

	<b>Clinical Protocol:</b> Herpes Zoster Vaccination	
	<b>ORIGINAL EFFECTIVE DATE:</b> 11/07/2011	<b>REVIEWED/REVISED DATE(S):</b> 12/01/2011 08/13/2021
<b>PREPARED BY:</b> Joanne Calegari	<b>APPROVED BY:</b> Richard L. Powell, MD 08/10/2021	

## PROTOCOL OVERVIEW

This Clinical Protocol advises on indications and guidelines for Herpes-Zoster (shingles) vaccine.

## INDICATIONS

Shingrix reduces the risk of shingles and PHN by more than 90% in people 50 and older. The CDC recommends the vaccine for healthy adults 50 and older. The Advisory Committee for Immunization Practices (ACIP) recommends a two dose series of zoster (shingles) vaccine given 2 to 6 months apart for adults 50 years of age or older, whether or not the patient reported a prior episode of shingles. Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition.

When conducting routine zoster vaccination, there is no need to verbally screen for a history of chickenpox infection or to conduct laboratory testing for serologic evidence of prior varicella infection. Furthermore, if a person reports a negative history for varicella, they can still receive the zoster vaccine. Almost all persons 50 years old or older are immune to varicella. This is the basis for ACIP criteria for varicella immunity, which state that persons born in the United States prior to 1980 are considered immune to varicella. For foreign born patients, their varicella antibody levels should be checked, if indicated by varicella history. If serologic evidence of varicella susceptibility becomes available through the patient screening process, the patient should be offered varicella vaccine not zoster vaccine.

Individuals who received the now discontinued Zostavax shingles vaccine should still get Shingrix.

### Groups NOT Recommended for Zoster Vaccination:

- Those with a history of anaphylactic/anaphylactoid reaction to gelatin, neomycin or any other component of the vaccine
- Those with a history of primary or acquired immunodeficiency state, including leukemia, lymphoma, or other malignant neoplasm affecting the bone marrow or lymphatic system, or with acquired immunodeficiency syndrome or other clinical manifestation of infection with human immunodeficiency virus
- Those receiving immunosuppressive therapy, including high-dose corticosteroids; or
- Those who are or may be pregnant.
- Those who currently have shingles
- Those who have tested negative for immunity to varicella zoster virus. Those individuals should get the chickenpox vaccine.

## NOTES

### Vaccine Administration

Shingrix cannot be used in children and cannot be used in place of varicella vaccine. Shingrix is administered subcutaneously and should not be administered intra-muscularly. However, it is not necessary to repeat vaccination if the vaccine is administered intramuscularly.

### Vaccine Safety

The prevalence of adverse events was similar in vaccine and placebo groups, and no vaccine-related deaths have been reported. The most commonly reported side effects were erythema, pain or tenderness, swelling and pruritis at the injection site.

It is reportedly safe to be in contact with infants, young children, pregnant women and people with weakened immune systems following shingles vaccination. There is no documentation of a person getting chickenpox from someone who received the shingles vaccination.

## CITATIONS

Recommendations of the Advisory Committee on Immunization Practices for Use of Herpes Zoster Vaccines, 2018.

Dept. of Health and Human Services, Centers for Disease Control and Prevention, "Herpes Zoster Vaccination for Health Care Professionals", Jan. 2011

Dept. of Health and Human Services, Centers for Disease Control and Prevention, "Shingles Vaccination: What you need to know", Jan. 2011