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CDC did not accept commercial support for this continuing education activity.
Communication Strategies for the New Shingles Vaccination Recommendations

48th National Immunization Conference
Atlanta, GA
May 15, 2018
Katy Ivey, MPH
Health Communications Specialist
TEKsystems, Northrop Grumman
Division of Viral Diseases
Looks really painful

Why's it called Shingles?

'Cause ya want to jump off the roof
Why Communicate About Shingles?
Shingles is Common and Serious

- 1 in 3 Americans will get shingles in their lifetime
- 1 million cases of shingles occur every year in the United States
- Anyone who has had chickenpox is at risk of getting shingles
- The risk of getting shingles and serious complications, like postherpetic neuralgia, increases with age
Shingles is Preventable

Two different shingles vaccines:

- **Shingrix**
  - in use since 2018
  - two doses
  - recommended for adults 50 and older
  - preferred vaccine for preventing shingles

- **Zostavax**
  - in use since 2006
  - one dose
  - recommended for adults 60 and older
  - used in cases such as patient prefers Zostavax or is allergic to Shingrix
Communicating about Shingrix
Shingrix Communication Objectives and Strategies

- **Objectives**
  - Promote proper administration and patient counseling on Shingrix side effects by healthcare providers
  - Increase awareness of Shingrix benefits, side effects, and use among adults 50 years and older

- **Strategies**
  - Use appropriate messaging, images, and media to effectively communicate with healthcare providers and adults 50 and older
  - Use existing CDC partnerships and platforms to maximize communication outreach
Healthcare Providers and Key Messages

Target Groups of Healthcare Providers

- Clinicians
  - Family and primary care, internal medicine, gerontology
  - Ways CDC can reach them: MMWR/recommendations, Medscape, COCA, webinars, website, professional orgs

- Pharmacists
  - Large pharmacy chains, such as CVS, Rite Aid, and Walgreens, local pharmacies, etc.
  - Ways CDC can reach them: MMWR/recommendations, website, professional orgs (e.g., APhA)

Key Messages

- Healthy adults 50 years and older should get 2 doses of Shingrix intramuscularly, 2 to 6 months apart.
- Healthcare providers should counsel patients about side effects before giving Shingrix.
- Shingrix is the preferred shingles vaccine, over Zostavax.
- Shingrix must be stored in the refrigerator at 36-46° F.
**Webpages for Healthcare Providers**

**Webpages**

**Vaccines and Preventable Diseases**

<table>
<thead>
<tr>
<th>Disease</th>
<th>CDC</th>
<th>Vaccines and Preventable Diseases Home</th>
<th>Vaccines by Disease</th>
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<td>Vaccines by Disease</td>
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**Summary of Recommendations**

**Routine Vaccination of People 50 Years Old and Older**

CDC recommends Shingrix® (recombinant zoster vaccine) as preferred over Zostavax® (zoster vaccine live) for the prevention of herpes zoster (shingles) and related complications. CDC recommends two doses of Shingrix separated by 2 to 6 months for immunocompetent adults age 50 years and older:

- Whether or not they report a prior episode of herpes zoster
- Whether or not they report a prior dose of Zostavax
- Who have chronic medical conditions (e.g., chronic renal failure, diabetes mellitus, rheumatoid arthritis, chronic pulmonary disease) and a contraindication or precaution exists. Similar to Zostavax, Shingrix may be used for adults who are:
  - taking low-dose immunosuppressive therapy
  - anticipating immunosuppression
  - have recovered from an immunocompromising illness

**Shingrix Recommendations**

One of the Recommended Vaccines by Disease

For the recommendations of the Advisory Committee on Immunization Practices (ACIP), see Shingrix (recombinant zoster vaccine) Recommendations

**On This Page**

- Summary of Recommendations
- Timing for Shingrix
- Contraindications for Shingrix

**FAQ**

**Frequently Asked Questions About Shingrix**

- How should I administer Shingrix?
- Do I need to reconstitute Shingrix?
- Where should I store Shingrix?
- How many doses of Shingrix do I give?
- How long should I wait after giving the first dose of Shingrix to give the second dose?
- How long should I wait after giving the first dose of Shingrix to give the second dose?
- How long should I wait after a person received Zostavax to give Shingrix?
- Can I give Shingrix to a patient with a coinfection?
Fact Sheet for Healthcare Providers

Protect your patients with the new shingles vaccine

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

Who should get Shingrix

- Give Shingrix to immunocompetent adults 50 years and older, including those who:
  - had shingles in the past
  - received Zostavax® 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

- Give 2 doses 2 to 6 months apart.
- 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° to 46° F. Do not use if exposed to temperatures below 36° F.

Reconstitution

- Prepare Shingrix by reconstituting the antigen component with the adjacent suspension component.
- Either administer it immediately, or store it in the refrigerator and use it within 8 hours of reconstitution. Otherwise, discard it.

Cest 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.

www.cdc.gov/shingles/vaccination

National Center for Immunization and Respiratory Diseases (NCIRD)

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Back

Protect your patients with the new shingles vaccine

About Shingrix

Shingrix is a new, adjuvanted, non-live recombinant shingles vaccine. Two doses of Shingrix provide 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).

Counselling 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. Shingrix 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 feel 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 pet walking or swimming, for a few days after vaccination. Side effects usually go away after 2 to 5 days.

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

[Image of the VIS]
Expert Video Commentary

- Medscape expert video commentary
  - Topics covered: Vaccine storage and administration, counseling for side effects
  - Released April 30
Presentations for Healthcare Providers

- COCA (Clinician Outreach and Communication Activity) webinar
  - 60-minute webinar conducted on May 10
  - Topics covered: Vaccine storage and administration, counseling for side effects
  - Slides will be available mid-May on emergency.cdc.gov/coca

- You Call the Shots
  - Web-based training course
  - Released March 28
  - https://www.cdc.gov/vaccines/ed/youcalltheshots.html
Adults 50 and Older

Shingrix Key Messages and Materials
Adults 50 and Older and Key Messages

- **Adults 50 and older**
  - Segmented into younger adults (50-59 years) and older adults (60 and older)
  - Best ways for CDC to reach them: social media, website, healthcare providers

- **Key Messages**
  - Healthy adults 50 years and older should get two doses of Shingrix, 2 to 6 months apart.
  - Shingrix provides strong protection against shingles and complications from the disease.
  - If you’ve had shingles or shingles vaccine in the past, you should still get the new vaccine.
  - Most people had a sore arm after getting Shingrix.
Webpages for Adults 50 and older

Shingles Vaccination Webpage

Shingles Vaccination Webpage

Vaccines for Preventable Diseases

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<thead>
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<th>Vaccine</th>
<th>Preventable Disease</th>
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<td>Zostavax</td>
<td>Shingles</td>
<td>Shingrix</td>
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</table>

**Vaccines and Precautions**

- CDC recommends Shingrix for adults 50 and older. Even people who have had shingles previously got Zostavax can be vaccinated with Shingrix to prevent shingles and the complex caused by the disease.

**What Everyone Should Know**

- Shingles is a painful rash that usually develops on one side of the body, often the face or torso. The rash consists of blisters that typically scab over in 7 to 10 days and clear up within 2 to 4 weeks. Some people describe the pain as an intense burning sensation. For some people, the pain can last for months or even years after the rash goes away. This long-lasting pain is called postherpetic neuralgia (PHN), and it is the most common complication of shingles. Your risk of getting shingles and PHN increases as you get older.

- A new shingle vaccine called Shingrix was licensed by the U.S. Food and Drug Administration (FDA) in 2017. CDC recommends that healthy adults 50 years and older get two doses of Shingrix, 2 to 6 months apart. Shingrix provides strong protection against shingles and PHN. Shingrix is the preferred vaccine, over Zostavax®, a shingles vaccine in use since 2006.

- **What Every Healthcare Professional Should Know**
  - Vaccine recommendations and contraindications, composition, dosage, and administration, handling, and storage.

- **What Everyone Should Know about Shingles Vaccine (Shingrix)**
  - One of the Recommended Vaccines by Disease

- **Who Should Get Shingrix?**
  - Healthy adults 50 years and older should get two doses of Shingrix, separated by 2 to 6 months. You should get Shingrix even if you have:
    - had shingles
    - had Zostavax
    - had shingles before

- **Vaccine for Those 50 Years and Older**
  - Shingles reduces the risk of shingles and PHN by 90% to 97% over 5 years. CDC recommends the vaccine for healthy adults 50 and older.

- **Who Should Not Get Shingrix?**
  - You should not get Shingrix if:
    - You are allergic to any component in Shingrix or Zostavax, or
    - You have had a severe allergic reaction to a previous dose of Shingrix.

- **Shingrix Webpage**
  - What to do if you have shingles:
    - Use over-the-counter topical antiviral creams to relieve pain and itching.
    - Avoid contact with others to prevent transmission. If you get into a crowd, cover your mouth and nose, or wear a face mask when you go out.

- **What Everyone Should Know about Shingrix**
  - One of the Recommended Vaccines by Disease

- **When to Get Shingrix?**
  - Healthcare providers should offer Shingrix to all adults 50 and older who do not have shingles or have not been vaccinated. This includes anyone with a temperature of 96°F or higher.

- **What’s New Since Shingrix?**
  - A new shingle vaccine called Shingrix was licensed by the U.S. Food and Drug Administration (FDA) in 2017. CDC recommends that healthy adults 50 years and older get two doses of Shingrix, 2 to 6 months apart. Shingrix provides strong protection against shingles and PHN. Shingrix is the preferred vaccine, over Zostavax®, a shingles vaccine in use since 2006.

- **What to Do if You Have Shingles?**
  - Use over-the-counter topical antiviral creams to relieve pain and itching.
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Fact Sheet for Adults 50 and older

Front

Get the new shingles vaccine if you are 50 or older

Shingles is a painful rash illness, which sometimes leads to long-term nerve pain. A shingles vaccine called Shingrix is the best way to help protect yourself against shingles.

If you’re 50 or older, get Shingrix

- Shingrix provides strong protection from shingles and long-term nerve pain.
- Get Shingrix even if you already had shingles, because you can get the disease more than once.
- Your risk of shingles and complications increases as you age.
- You need 2 doses of Shingrix. Get the second dose 2 to 6 months after you get the first dose.

If you got a shingles vaccine in the past, still get Shingrix

- You may have already had a different shingles vaccine called Zostavax. If you did, you still need 2 doses of Shingrix.

*Five years later, I still take prescription medication for pain. My shingles rash quickly developed into open, oozing sores that in only a few days required me to be hospitalized. I could not eat, sleep, or perform even the most minor tasks. It was totally debilitating. The pain still limits my activity levels to this day. — A 63-year-old harpist who was unable to continue playing due to shingles

www.cdc.gov/shingles/vaccination

National Center for Immunization and Respiratory Diseases (NCIRD)

Back

Get the new shingles vaccine if you are 50 or older

Shingrix is more than 90% effective at preventing shingles and long-term nerve pain.

Know the benefits and the side effects

Shingrix is more than 90% effective at preventing shingles and long-term nerve pain. You may experience some short-term side effects because Shingrix causes a strong response in your immune system.

- Most people have a sore arm.
- Many people had redness and swelling where they got the shot (wider than 4 inches for some people).
- Many felt tired, had muscle pain, a headache, shivering, fever, stomach pain, or nausea.

About 1 out of 6 people who got Shingrix experienced side effects that prevented them from doing regular activities like yardwork or swimming. 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.

Important reminders

- You may choose to take an over-the-counter pain medicine such as ibuprofen or acetaminophen after getting Shingrix to ease discomfort from side effects.
- If you get side effects after the first dose of Shingrix, you should still get the second dose to get the full protection from the vaccine.

Protect yourself from this painful illness

The pain from shingles has been compared to childbirth or passing a kidney stone. It can last for months or years after the rash goes away. Shingles vaccine can help prevent shingles and the complications from the disease.
New Graphics for Younger Adults (50 – 59 years)
New Graphics for Older Adults (60 and Older)

Don't let shingles stop you from doing what you love.

If you're 50 or older, get vaccinated.

Heard about the new shingles vaccine?

IT TAKES 2

If you're 50 or older, get both doses.
Call to Action

- Help us disseminate CDC’s new Shingrix materials
  - Send them to partners by email
  - Post them on your website and social media
  - Share them at conferences and meetings
- You can find the materials on CDC’s website
  - [CDC.gov/shingles/vaccination](https://CDC.gov/shingles/vaccination)
  - [CDC.gov/shingles/multimedia](https://CDC.gov/shingles/multimedia)

For more information, contact CDC
1-800-CDC-INFO (232-4636)

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

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Thank you for listening.
Contact Katy Ivey (kivey@cdc.gov)

For more information, contact CDC
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Are Healthcare Providers Ready for the New Shingles Vaccine? CDC Finds Out

Allison Fisher, MPH
Health Communications Specialist

48th National Immunization Conference
Session C6
May 15, 2018
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  - Ashley Brooks
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- Porter Novelli, Inc.
- FHI 360
Background
Adult Vaccine Recommendations are complex, and coverage with most adult vaccines is low.

Healthcare providers are the most trusted source of vaccine information across the lifespan, and their recommendations are key to acceptance of adult vaccines.
Survey Objective and Background

- Assess physician awareness and readiness to incorporate updated shingles vaccine recommendations into clinical practice
- Inform National Center for Immunization and Respiratory Diseases (NCIRD) communication efforts to provide guidance to healthcare practitioners on the delivery of strong vaccine recommendations to adults
- Fielded as part of a larger survey on physician communication practices regarding seasonal flu vaccine for patients 50 years of age and older
Survey Methods

- Online survey of 317 practicing physicians via the GfK Physicians Consulting Network
  - Internal medicine or family practice
  - Treat patients age 50 and over
  - Must see patients at least 10 hours/week
  - Must currently recommend and/or administer flu and shingles vaccines to eligible patients
- Fielded from January 29 to February 26, 2018
  - Updated Shingles Vaccine Recommendations published in MMWR on January 26, 2018
Results
Physician Demographics

- 70% of physicians were in practice 20 years or more
- 73% were male
- 72% of physicians were non-Hispanic white
- 56% worked in a practice with 1-5 physicians
  - 31% in a 1-2 physician practice
- The sample was balanced geographically (20% West, 25% Midwest, 32% South, and 23% Northeast)
- The sample was evenly split between internal medicine (51%) and family medicine (49%)
Instructions to Respondents

Now we will ask you a few questions about shingles (herpes zoster) vaccination for your patients age 50 years and older with the current shingles vaccine, Zostavax, and/or the new shingles vaccine, Shingrix, licensed for use in the United States in October 2017.
Perceived Importance of the Shingles Vaccine

- Nearly all physicians surveyed thought that the shingles vaccine is important in protecting patients age 50 and over against shingles and postherpetic neuralgia:
  - Very important 58.4%
  - Somewhat important 37.2%
  - Not very important 4.1%
  - Not important at all 0.3%
Physician Awareness of New Shingles Vaccine

How aware are you of the new licensed shingles vaccine called Shingrix?*

*Percentages are rounded to the nearest whole number
Physicians used a combination of administration and referral strategies to vaccinate their patients using Zostavax, and planned to do the same with Shingrix.

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<tr>
<th>Check all that apply</th>
<th>Zostavax</th>
<th>Shingrix*</th>
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<tr>
<td>Routinely stock and administer in the office</td>
<td>48.9%</td>
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<td>Refer patients to the pharmacy to purchase and administer in the office</td>
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<td>36.9%</td>
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<td>Refer patients to the pharmacy for purchase and administration</td>
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*Includes both current and planned strategies.
Physician Vaccine Preference

Based on your clinical practice, which shingles vaccine do you prefer to use to best meet the needs of your patients?

- Zostavax: 18%
- Shingrix: 44%
- Both: 22%
- Not sure: 16%

*Percentages are rounded to the nearest whole number*
Physicians reported the following factors as important or very important in their decision to recommend one shingles vaccine over another to patients:

- Effectiveness of the vaccine 98.0%
- Duration of protection of the vaccine 96.5%
- Recommendations for the vaccine from expert groups 95.0%
- My patient’s risk of complications from shingles 94.9%
- My patient’s interest in getting the vaccine 93.5%
- Potential side effects from the vaccine 93.0%
- My patient’s concerns about side effects of the vaccine 92.4%
- My perception of my patient being able to afford the vaccine 87.4%
- Age of the patient 86.5%
- Number of doses needed to complete the vaccine series 77.2%

*Among respondents with a stated preference in the previous question (n=199)
Physicians were interested in a variety of educational and structural tools to support shingles vaccination:
Summary
Limitations

- Participants recruited through an online panel may not be representative of physicians nationally
- Data rely on self-report and are subject to recall and/or social desirability bias
- Descriptive analyses do not address possible confounders
Summary

- Awareness and perceived importance were high among the physicians in our survey.
- Physicians were routinely stocking and/or referring to pharmacies for the vaccine.
- Effectiveness and duration of protection were the most commonly cited reasons for a preference for one vaccine over the other; however all factors we looked at were highly rated.
- Reminders, patient education materials, and patient counseling tools were considered the most useful resources.
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
New Shingles Vaccination Recommendations:
What You Need to Know

Dr. Kathleen Dooling, MD, MPH
Medical Officer, Division of Viral Diseases
NIC
May, 2018
Recommendations of the Advisory Committee on Immunization Practices for Use of Herpes Zoster Vaccines

PUBLISHED ONLINE January 25, 2018
https://www.cdc.gov/mmwr/volumes/67/wr/mm6703a5.htm?s_cid=mm6703a5_w
1) Recombinant zoster vaccine (RZV, [Shingrix]) is recommended for the prevention of herpes zoster and related complications for immunocompetent adults aged ≥50 years.

2) RZV is recommended for the prevention of herpes zoster and related complications for immunocompetent adults who previously received zoster vaccine live (ZVL [Zostavax]).

3) RZV is preferred over ZVL for the prevention of herpes zoster and related complications.

CDC 2018 Herpes Zoster Policy Note recommendations serve as a supplement to the existing recommendations for the use of ZVL in immunocompetent adults aged ≥60 years.
Herpes Zoster & Postherpetic Neuralgia (PHN):

"My PHN is worse than my cancer and chemotherapy… [it] has made me depressed and suicidal in the past"

Courtesy of M. Oxman
Herpes Zoster (HZ) and Postherpetic Neuralgia (PHN) epidemiology, United States

- ~1 million cases annually\(^1,2\)
- Incidence increases with age, ranging from <1 case/1000 children to >15 cases/1000 population 80 years and older\(^2,3,4\)
- For adults 50 years and older with HZ, 10-18% will go on to develop PHN. Similar to HZ, the incidence increases with age\(^3\)
- Zoster Vaccine Live (ZVL, ZOSTAVAX\™) has been licensed in the U.S. since 2006-- 33% of individuals 60 years and older report receipt.\(^5\)

4. Harpaz et al, IDWeek 2015
5. CDC, provisional unpublished data from NHIS
**Vaccination Coverage of Zoster Vaccine Live (ZVL, Zostavax), among adults ≥60 yrs, United States, 2007-2016**

Recombinant Zoster Vaccine (RZV, Shingrix)

- An adjuvanted recombinant protein subunit vaccine (previously referred to as HZ/su)

- 2 components
  - Glycoprotein E
  - Adjuvant ASO1B

- Licensed by the FDA on Oct 20, 2017
  - https://www.fda.gov/biologicsbloodvaccines/vaccines/approvedproducts/ucm581491.htm
Recombinant Zoster Vaccine (RZV, Shingrix)

**Benefits:**
- High vaccine efficacy against HZ
  - 97% (50-69 year olds)
  - 91% (≥70 year olds)
- High vaccine efficacy against PHN
  - 91% (≥50 year olds)
- High vaccine efficacy over time
  - ≥85% for 4 years following vaccination (≥70 year olds)

**Harms:**
- No differences detected between vaccinated and comparison populations for serious adverse events
- Grade 3 reactions more commonly reported in vaccinated groups (17%) compared to placebo (3%)
Clinical Guidance

Who, When, What, How?
Recommended for immunocompetent adults ≥50 years old, including:

- Adults with chronic medical conditions
- Adults taking low-dose immunosuppressive therapy, anticipating or have recovered from immunosuppression
- Adults with prior receipt of varicella vaccine, ZVL, or herpes zoster episode

**Clinical Guidance—Who?**

HZ vaccines do not require screening for a history of chickenpox (varicella)

Immunocompromised persons were excluded from ZOE Phase III efficacy studies, thus, ACIP is awaiting studies of RZV in these patients.
Clinical Guidance- Who?

CONTRAINDICATION:
- Allergy: RZV should not be administered to persons with a history of severe allergic reaction, such as anaphylaxis, to any component of this vaccine.

PRECAUTIONS:
- Current herpes zoster infection
- Pregnancy and breastfeeding
Clinical Guidance - When?

2 doses necessary for protection
- 2-6 months apart
- The series need not be restarted if >6 months elapse (expert opinion)

For adults who previously received ZVL:
- No interference or safety problems when RZV vaccination administered ≥5 years after ZVL
- Consider a shorter interval
  - Eg. if individual is ≥70yrs, protection from ZVL is 38% over ~3yrs
- Minimal interval of 8 weeks between ZVL and RZV (expert opinion)
Clinical Guidance- What/How?

- **Store between 36-46°F (2-8°C)**
- **Reconstitute 2 components**
  - Lyophilized Glycoprotein E
  - Adjuvant ASO1₈
- **Administer intramuscularly**
- **RZV may be co-administered with other vaccines**

Source: GSK

https://www.fda.gov/biologicsbloodvaccines/vaccines/approvedproducts/ucm581491.htm
Clinical Guidance

Common errors to avoid:

1) **Storage**: Refrigerate between 36-46°F ⇒ Do NOT freeze

1) **Reconstitution**: Mix antigen and **adjuvant provided** ⇒ Do NOT use sterile water/other

1) **Administration**: Administer **I.M. in DELTOID** ⇒ Do NOT administer S.Q.
Clinical Guidance: Counseling for Reactogenicity

Before vaccination, counsel about expected local and systemic reactogenicity

- pain (78%)
- myalgia (45%)
- fatigue (45%)

- 1 in 6 recipients had reactions that prevented regular activities (grade 3 rxn)
  - Suggest patients plan to avoid strenuous activities (eg. yardwork or swimming) for a few days after vaccination.
  - Remind patients that the pain from shingles can last a lifetime; RZV side effects should only last 2-3 days.

- Reactions to the first dose did not strongly predict reactions to the second dose
  - Vaccine recipients should be encouraged to complete the series even if they experienced a grade 1–3 reaction to the first dose.
  - You may suggest patients take over-the-counter pain medicine such as ibuprofen or acetaminophen to ease the pain from side effects.
Recombinant Zoster Vaccine (Shingrix)- Supply

- Due to high levels of demand for GSK’s Shingrix vaccine, providers should anticipate ordering limits and intermittent shipping delays for Shingrix during 2018, whether vaccine is ordered directly from GSK or through wholesalers and distributors. GSK is currently working to make more doses available in the near term for the US market in order to meet the demand for this vaccine (https://www.cdc.gov/vaccines/hcp/clinical-resources/shortages.html)

- Shingrix should be administered as a two-dose series, 2 to 6 months apart. If more than 6 months have elapsed since the first dose:
  - Administer the second dose as soon as possible
  - Do not need to restart the vaccine series (expert opinion)
  - There are no data to establish the performance of the vaccine given at intervals >6 months
  - CDC does not recommend substituting another shingles vaccine for the second dose if Shingrix is not available.

- For up to date information on the Shingrix shipping delays, please contact GSK.
Integrating the New Shingles Vaccine into CDC’s Adult Immunization Communication Campaign

Ashley Brooks, MPH
NCIRD, Health Communication Science Office

48th National Immunization Conference
May 15, 2018
Atlanta, Georgia
NCIRD Adult Immunization Communication
Campaign Goals

- Increase and strengthen healthcare provider recommendation of needed immunizations for patients with chronic health conditions.

- Share resources NCIRD/HCSO has developed to help educate and support healthcare providers in talking to patients about adult immunizations.

- Encourage healthcare providers to assess immunizations needs of their adult patients, strongly recommend immunization, and provide immunizations or make appropriate referrals to other immunization providers.

- Increase awareness of the risks of vaccine-preventable diseases, the benefits of adult immunization, and adult immunization recommendations.
Adult Immunization Coverage for Selected Vaccines and Age Groups, National Health Interview Survey, 2010-16, and BRFSS survey for influenza vaccine 2010-16 seasons
Overarching Challenges in Adult Immunization Practice

- Missed opportunities to immunize
- Primary vaccinator roles
- Providers and healthcare systems without immunization integrated into work flow
- Coverage and reimbursement
- Immunization record keeping
- Immunization Information Systems (IIS) aka Immunization Registries
- Lack of awareness
- Varying attitudes toward immunizations
- Concerns about safety, side effects, effectiveness, and cost

Shingles Vaccine Challenges

- Zostavax vs. Shingrix
- Storage
- Administration
- Side effects
- Effectiveness
Bottom Line:
Adults are not getting the immunizations they need.
DON’T WAIT. VACCINATE!

Adult Research to Practice
## Building a Foundation: CDC Adult Formative Research

### 2012

**Adults**

FallStyles Survey and literature review

### 2013

<table>
<thead>
<tr>
<th>Adults</th>
<th>HCPs</th>
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<tr>
<td>66 focus groups in 3 cities</td>
<td>28 In depth interviews</td>
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<td>Adults 40-59 with chronic conditions</td>
<td>Vaccine administration</td>
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<td>Knowledge of immunization schedule</td>
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<td>Adults 60+</td>
<td>Attitudes regarding VPDs</td>
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<td>Vaccine recommendations and conversations</td>
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<td>Hispanic/Latinos</td>
<td>Resources and support needed</td>
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Implications for Communication with Healthcare Providers

- Stress the seriousness of the disease in their patients and the critical role healthcare providers play in their patients getting vaccinated.

- Highlight coverage rates and missed opportunities for vaccination.

- Relay standards that call on all healthcare providers to take steps to ensure that patients are fully immunized.

- Provide resources to assist in making compelling recommendations and addressing patient questions and concerns.

- Direct them to tools and support in improving immunization practice.
Implications for Communication with Adults

- Stress the **relevance and importance** of timely immunization for protection.
- Use **empowering** messages and highlight the **benefits** of immunization.
- Provide **transparent and plain language** information on VPDs and vaccines, including safety and efficacy as well as how to get vaccinated.
- **Tailor** the information as much as possible.
- **Encourage** them to talk with their healthcare providers about immunizations that are right for them.
A Strong Recommendation Makes a Difference

Adults believe vaccines are important and are likely to get them if recommended by their healthcare provider.

**Strongly recommend patients 50 and older get the new shingles vaccine.**
Adult Immunization Resources

Integration of new shingles vaccine communications
Adult Immunization Communication Resources

- Outreach and Engagement
  - Graphics
  - Social media posts

- Education
  - Web feature articles
  - Videos
  - Infographic
  - Fact Sheets
    - Healthcare Providers
    - Consumer/General Public

- Support Tools
  - Adult Vaccine Quiz: [www.cdc.gov/vaccines/adultquiz](http://www.cdc.gov/vaccines/adultquiz)
  - Adult immunization website: [www.cdc.gov/vaccines/adults](http://www.cdc.gov/vaccines/adults)
  - Adult immunization schedule: [www.cdc.gov/vaccines/schedules/](http://www.cdc.gov/vaccines/schedules/)

- Additional Resources
  - Medscape Commentary
  - Clinician Outreach and Communication Activity (COCA) call
  - Webinars and Presentations
Integration of new Shingles vaccine Communications
Future Plans for Shingles in Adult Immunization Communications

- Partnership outreach
  - Reach adults, adult HCPs, and Pharmacists
  - Support state and local organizations
  - Strengthen existing relationships

- Website

- Matte Release

- Newsletter articles
- Social media + shareable graphics
- #HowIRecommend HCP Adult Immunization Video Series
- Comprehensive Slide Set
What Can YOU Do?

- GET VACCINATED!
- ENCOURAGE HCPs to give strong recommendations, talk with adults about the benefits and risk of vaccines, and about staying up to date with their vaccines.
- As a provider, ADMINISTER indicated vaccines in your office if possible and FOLLOW UP to ensure receipt.
- USE and SHARE the available resources and encourage others to do the same.
- EDUCATE your organization about adult vaccines.
- SYNDICATE CDC content on adult immunization websites that reach HCPs.
- LET US KNOW what you are doing to promote and implement new content.
- TELL US what else you need to help you communicate about vaccines.

www.cdc.gov/vaccines/adults
Thank you!

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For more information, contact CDC
1-800-CDC-INFO (232-4636)

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

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