

Herpes Zoster Vaccination: New Recommendations for Shingles Prevention - Frankly Speaking EP 50

Transcript Details

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Dr. Frank Domino:

Jerry is here for a physical. He is a 65-year-old male with hypertension and treated prostate cancer. He reports that he received his influenza vaccine at the local senior center and the nurse there asked him if he received his herpes zoster vaccine. Jerry had a case of shingles on his chest about 10 years ago and was treated with acyclovir and he remembers the pain. He told the nurse that he was set for life, but is he? Should he get vaccinated? Hi, this is Frank Domino, Professor in the Department of Family Medicine and Community Health at the University of Massachusetts Medical School and joining me today is Jill Terrien, Associate Professor and Director of the nurse practitioner programs at the University of Massachusetts Medical School Graduate School of Nursing. Welcome to the show, Jill.

Jill Terrien:

Thank you, Frank.

Dr. Frank Domino:

So tell me about Jerry and should he be receiving the varicella zoster vaccine?

Jill Terrien:

It's interesting, so I think that a lot of us have thought that if you had shingles once, you are basically one and done. But the reality is, is that about 6% of our population does get a second

case of shingles. So the quick answer to Jerry's question is probably yes, because he does also have a cancer diagnosis, although it is stable, it does put him at risk and he is 65.

Dr. Frank Domino:

So it sounds like that even if you've had the infection expressed before, you still qualify for the vaccine, because it lowers the risk of recurrence.

Jill Terrien:

Yes, yes it does.

Dr. Frank Domino:

So we have a new vaccine that's in the news, can you tell me a bit about it?

Jill Terrien:

Yes, the CDC just came out. Their Advisory Council on Immunization Practices just came out in October 2017 with a recommendation that a new vaccine by the name of Shingrix be recommended for people in the age group of 50 to 59 for zoster prevention. And this is a little bit different than in the past because we've had Zostavax available for quite some time, since 2008, and actually there are some differences between the two vaccines.

Dr. Frank Domino:

Can you talk a little bit about those differences and how we recommend which one for certain patients?

Jill Terrien:

Absolutely. So the new vaccine, I'll talk about that since that was just released. The recommendation is that it's for healthy adults age 50 and older to prevent shingles and its related complications, mainly the postherpetic neuralgia that we know about. Also, it's recommended for adults who previously received the current shingles vaccine, the Zostavax. So, you have to wonder, what is that? The difference is, is you can give it to somebody, let's just say

Jerry did not have a case of the shingles but he did have a zoster vaccination. If it had been greater than eight weeks, there is the recommendation that he could receive the new vaccine. Also, it is the preferred vaccine right now, according to the CDC, for preventing shingles and related complications.

Dr. Frank Domino:

Wow. So it sounds like the new indications are, doesn't matter whether you've had the illness or not, starting at 50 you should be getting the new vaccine. Should we be giving people the old vaccine now?

Jill Terrien:

So that's the question. Now you have this Zostavax that's been around. I do wanna talk a bit about the differences between the dosing schedules of them and their components. Zostavax is actually a live vaccine. It's given one time. The new Shingrix is not a live vaccine, it's a subunit and it is given in two doses at zero and the recommendation between two and six months for the second dose. So, herein lies, you have Zostavax with one dose, Shingrix with two doses. So that... Can you get your patient back for that second dose? Okay. So to answer your question, should we be giving the old vaccine? Right now, from what I'm reading, the Shingrix is not widely available until after the first of the year, so the bottom line is, if Jerry's in your office today, you would give him a dose of your Zostavax if you have vaccine available. It's still a good vaccine. A little bit more of the differences between the two is that in clinical trials, they found that in the age group of people 50 to 69, people that got Shingrix actually had 97% efficacy and in older adults, so people older than 70, they found that it had 91% efficacy, so it's about the staying power of the vaccination. As we age, we get less and less immunocompetent, so it's really important that if you can get a vaccine that will give you some staying power well into your 70s and 80s, that that's important.

Dr. Frank Domino:

So it sounds like the new vaccine is both more efficacious and provides longer protection for the development of postherpetic neuralgia. Is that the case?

Jill Terrien:

Yes, that's exactly the case.

Dr. Frank Domino:

How about adverse effects? Since this isn't a live vaccine, is there any difference in how people feel after they get the vaccine or any risks or worries?

Jill Terrien:

So, it's pretty much the same side effects you'd get with most of our immunizations, which is pain at the injection site, some redness and swelling, and beyond... Those were the most common side effects.

Dr. Frank Domino:

Mm-hmm, so nothing too bad.

Jill Terrien:

No, no.

Dr. Frank Domino:

Can you remind us a little bit about how common the development of shingles is? Is that something that we really expect many adults to get as they age?

Jill Terrien:

Well, actually, the data that I've found is that people over the age of 50 have the risk of zoster that increases. We have about 1 million cases per year in the United States, more than 99% of people over the age of 50 had chicken pox, even if they don't remember that they had it. And so basically, we know that one in three Americans will develop shingles in their lifetime, and when you get to age 85 it's basically one in two.

Dr. Frank Domino:

So, this is an immunization that's highly effective and potentially treats one in three, if not one in two adults. That's fantastic. It would be wonderful if it was that available. Can you talk a bit about postherpetic neuralgia and how effective we are at treating it?

Jill Terrien:

When patients get a zoster outbreak, the most common complication is postherpetic neuralgia. And you can say if you... Anybody who's listening out there if you've ever had shingles and you have had the postherpetic neuralgia, you know that it can be quite bothersome and it can decrease your quality of life. That people that have had a zoster outbreak report 20% have pain at three months after the onset of the symptoms and then even at two years, about 15% of the population that has had zoster report pain.

Dr. Frank Domino:

Wow. Alright, well, let's go back to Jerry. What should we do for him today and how would you advise him as he helps make this decision?

Jill Terrien:

I would advise Jerry, if I had Zostavax in my clinic, I would be giving him a shot of that today.

Dr. Frank Domino:

Would you be recommending this for most adults over the age of 50?

Jill Terrien:

Yes, I would.

Dr. Frank Domino:

Okay, the last question is, of course, is who's paying? Have private insurers or Medicare taken a stand on any of this?

Jill Terrien:

So, in what I've found so far Medicare is looking at it and the discussion is if it's this efficacious, but, two doses how will they reimburse for that? So they are still working on that piece.

Dr. Frank Domino:

Alright, so the news is not completely resolved on this case, but it certainly sounds like there's a new vaccine coming that's highly effective at preventing shingles and the complications of shingles, the postherpetic neuralgia. Jill, thanks for bringing this forward, you've really cleared up some of the confusion that's gone on about this new vaccine.

Jill Terrien:

Thank you, Frank.

Dr. Frank Domino:

Practice pointer: With gaining popularity, triathlons and other ultra endurance sports are becoming more common in our practice. While the risk of death is small in these athletes, care should be made to discuss with them proper nutrition, hydration status, and possibly working with someone who has expertise in training for these type of events. Join us next time when we'll be discussing the role of azithromycin as a preventative agent in patients with persistent asthma.

Practice pointer, a new varicella zoster vaccine will appear on the horizon in 2018 that's highly effective at preventing both shingles and postherpetic neuralgia. Join us next time, when we review the data on the management of acute pain using acetaminophen and ibuprofen, compared to acetaminophen with opioids.