

# HERPES ZOSTER (Shingles) VACCINE (Shingrix) FAQ

## What is Shingrix?

- Recombinant, adjuvanted, herpes zoster vaccine for intramuscular administration.<sup>1</sup>

## What is the difference between varicella and herpes zoster vaccination?

- Varicella vaccines protect against primary varicella zoster infection (chickenpox)<sup>2</sup> and herpes zoster vaccine protects against reactivation of the varicella zoster virus (herpes zoster or shingles) in people who have had varicella infection or vaccination.<sup>3</sup>
- Therefore, varicella vaccination should not be used in place of herpes zoster vaccination.<sup>2,3</sup>
- Herpes zoster vaccination has not been studied for the prevention of varicella infection.<sup>1,4,5</sup>

## Who should receive Shingrix?

### ✓ Adults ≥ 50 years old<sup>3</sup>

This includes adults ≥ 50 years old:

- who have had herpes zoster
- with unknown or no history of varicella infection (nearly all Canadians ≥ 50 years old have had prior varicella exposure)
- who have previously received the live herpes zoster vaccine (no longer available in Canada)
- who have previously received varicella vaccine<sup>6</sup> (while less common, people who have been vaccinated for varicella can get herpes zoster<sup>7</sup>)

### ✓ Immunocompromised adults ≥ 18 years old<sup>8</sup>

- Canada's National Advisory Committee on Immunization (NACI) is deliberating the use of Shingrix in this population.<sup>3</sup>
- The Centers for Disease Control and Prevention (CDC) recommends obtaining evidence of immunity to varicella (e.g., serology) for immunocompromised patients (confirming need for Shingrix).<sup>5</sup>
  - Those born before 1980 who do not have a history of varicella (rare) or herpes zoster infection or two doses of varicella vaccine may not have immunity to varicella, meaning herpes zoster vaccine is not warranted (patient is at risk of varicella and not herpes zoster).<sup>5</sup>
  - However, it is not harmful to provide herpes zoster vaccine in the absence of varicella immunity.<sup>9</sup>

## What is the waiting period after a herpes zoster episode or live herpes zoster vaccine?

- Adults with active herpes zoster (e.g., vesicular rash) should not receive Shingrix at least until the rash has resolved.<sup>10</sup> Antivirals may be indicated. Refer to medSask [Shingles \(Herpes Zoster\) Guideline](#).<sup>11</sup>
- In Canada, it is recommended that adults wait at least one year after a herpes zoster episode to get Shingrix (to take advantage of immunity after infection).<sup>3</sup>
- Adults who have received a live herpes zoster vaccine should wait at least 1 year before getting Shingrix.<sup>3</sup> Zostavax<sup>®</sup> II (live herpes zoster vaccine) was discontinued in Canada in October 2022.<sup>12</sup>

## What is the recommended dosing schedule?

- 2 doses IM (0.5 mL) (0, 2 to 6 months)<sup>3</sup>
  - Persons who are currently or will become immunocompromised may receive the second dose 1 to 2 months after the first dose (a minimum of 4 weeks between doses is required).<sup>1</sup>
- Booster doses are currently not recommended.<sup>3</sup>

## What if the second dose is delayed?

- If the second dose is delayed, provide the dose when the patient presents and consider the series complete. There is no need to restart the series.<sup>13</sup>

## What if the second dose is given too early?

- There is a minimum interval of 4 weeks between doses. A second dose given less than 4 weeks after the first dose is INVALID and should be repeated. A valid second dose should be repeated at least 4 weeks after the invalid dose.<sup>14,15</sup>

## How effective is Shingrix?

- A complete series of Shingrix (2 doses) provides protection against herpes zoster and its complications, including postherpetic neuralgia (PHN).<sup>14</sup>
- Shingrix has been shown to be more than 90% effective in preventing herpes zoster in immunocompetent persons who are 50 years or older four years after immunization.<sup>3</sup>
- Shingrix has been shown to be 68.2% to 90.5% effective in preventing herpes zoster in different immunocompromised groups (autologous hematopoietic cell transplant: 68.2%; hematologic malignancy: 87.2%; potential immune-mediated disease: 90.5%).<sup>16</sup>

## What are common adverse effects?

- Minor injection site reactions, fatigue, and muscle pain lasting about 2 to 3 days.<sup>17</sup>
- Adjuvanted with AS01B to strengthen and extend the immune response. More non-severe local and systemic reactions can be expected with adjuvanted vaccines versus non-adjuvanted vaccines.<sup>18,19</sup>
- Non-severe adverse effects may be worse with the second dose compared to the first dose.<sup>20</sup>

## What are common potential allergens?

- Contains polysorbate 80. Potential cross-reactivity with polyethylene glycol (PEG).<sup>19</sup>

## Can Shingrix be given to pregnant or breastfeeding/chestfeeding persons?

- Not studied in pregnant or breastfeeding/chestfeeding persons (no data available). Shingrix is currently not recommended in pregnant persons and may be administered if indicated to breastfeeding/chestfeeding persons.<sup>21</sup>

## Can Shingrix be given with other vaccines?

- Shingrix may be administered at the same visit as other non-live and live vaccines (different anatomic sites).<sup>3</sup>
- In theory, vaccine recipients may experience more side effects if given with other adjuvanted vaccines.<sup>20</sup>

## What if Shingrix is inadvertently administered subcutaneously instead of IM?

- There is no need to re-administer Shingrix if inadvertently given subcutaneously instead of IM.<sup>15</sup>
- Subcutaneous administration of Shingrix may increase temporary, local reactions.<sup>1</sup>

## How should Shingrix be stored?<sup>1</sup>

- Before reconstitution:
  - Between 2°C and 8°C until the labelled expiration date.
  - Discard if frozen.
  - Contact GSK Canada ([MedInfo\\_CA@gsk.com](mailto:MedInfo_CA@gsk.com)) for Shingrix stability data if inadvertently stored outside of the recommended temperatures prior to reconstitution (excursions).<sup>22</sup>
- After reconstitution:
  - If not administered promptly after reconstitution (recommended), Shingrix may be stored between 2°C and 8°C for a maximum of 6 hours.
  - Discard if not used within 6 hours of reconstitution.

## How much does Shingrix cost?

- Shingrix is not a publicly funded vaccine in Saskatchewan.<sup>23</sup>
- Shingrix is also not a benefit of the Saskatchewan Drug Plan.<sup>24</sup>
- The Non-Insured Health Benefits (NIHB) program lists Shingrix as an open benefit for adults ≥ 60 years old (prior approval required for immunocompromised clients under 60 years old).<sup>25</sup>
- Some private drug plans may provide coverage.
- The acquisition cost of each dose is about \$155.<sup>26</sup>

## EXTERNAL RESOURCES FOR ADDITIONAL INFORMATION

### [Herpes zoster \(shingles\) vaccine: Canadian Immunization Guide](#)

Immunize.ca [Varicella \(Chickenpox\) & Herpes Zoster \(Shingles\) Vaccination](#) Pocket Guide for Immunizers

Immunize.org [Ask the Experts: Zoster \(Shingles\)](#)

Geri-RxFiles [Vaccine Preventable Diseases for Older Adults](#) (subscription required)

Clinical Resource, [Shingles Vaccine: FAQs](#). Pharmacist's Letter/Prescriber's Letter. April 2021. [370435] (subscription required)

## MEDSASK RESOURCES

[Shingrix Vaccine Card](#)

[Shingrix Vaccine Fact Sheet](#)

[Injectable Vaccines with Diluents](#)

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