


# A Quick Look at Using Herpes Zoster Vaccine (Zostavax<sup>®</sup>, HZV)

<p><b>Schedule and Indications for Use</b></p> <p><u>Recommended Schedule</u></p> <ul style="list-style-type: none"> <li>• 1 dose to persons aged 60 years and older</li> </ul> <p><u>Indications for use</u></p> <ul style="list-style-type: none"> <li>• May be given to persons with or without a history of herpes Zoster (shingles) disease             <ul style="list-style-type: none"> <li>- At minimum, ensure the acute phase of shingles disease has resolved before vaccination</li> </ul> </li> <li>• <u>Not</u> indicated for:             <ul style="list-style-type: none"> <li>- Treatment of acute shingles</li> <li>- Prevention of post-herpetic neuralgia (PHN)</li> <li>- Treatment of on-going PHN</li> </ul> </li> <li>• Follow other contraindications/precautions listed below</li> </ul>	<p><b>Vaccine Administration</b></p> <ul style="list-style-type: none"> <li>• Subcutaneous (SC) injection in the upper arm</li> <li>• 5/8 inch, 23-25 gauge needle</li> <li>• Can be given with all other age-appropriate vaccines, including Pneumococcal Polysaccharide Vaccine (PPSV23)             <ul style="list-style-type: none"> <li>- Use separate sites; space at least 1 inch apart</li> </ul> </li> </ul>
<p><b>Storage and Handling</b></p> <ul style="list-style-type: none"> <li>• Store in the freezer between -58°F (-50°C) to +5°F (-15°C)</li> <li>• Keep in the original box; protect from light</li> <li>• Reconstitute using the Merck diluent only</li> <li>• Administer within 30 min of reconstituting</li> <li>• If transport is necessary, use a portable freezer unit</li> </ul>	

**CONTRAINDICATIONS**

- A serious reaction to a prior dose of a varicella-containing vaccine
- A serious reaction to a component of Zoster vaccine, including gelatin or neomycin
- Pregnant or planning on becoming pregnant in the next 4 weeks
- Persons with primary or acquired immunodeficiency including:
  - Leukemia, lymphomas, or other malignant neoplasms affecting the bone marrow or lymphatic systems
  - AIDS or other clinical manifestations of HIV including those with CD4+ T-lymphocyte values  $\leq 200$  per  $\text{mm}^3$  or  $\leq 15\%$  of total lymphocytes
  - On immunosuppressive therapy including high-dose corticosteroids ( $\geq 20$  mg of prednisone or equivalent medication) lasting 2 or more weeks (defer vaccination for at least one month after discontinuation of therapy)
  - Clinical or laboratory evidence of other unspecified cellular immunodeficiency
  - Receipt of or history of hematopoietic stem cell transplantation (may be considered 24 months after transplant)
  - Receiving recombinant human immune mediators or immune modulators, especially the antitumor necrosis factor agents adalimumab, infliximab and etanercept (use provider discretion; advised to wait 1 month after discontinuation)

**PRECAUTIONS**

- Moderate to severe acute illness
- For optimal immunologic effect, persons on antiviral medications such as acyclovir, famciclovir or valacyclovir should discontinue medication use at least 24 hours before receiving Zoster and not restart these medications for 14 days post-vaccination.
- Follow the “Live/Live Rule”: All live, attenuated vaccines (i.e. MMR, Yellow Fever) should be given on the same day as, or separated by 28 days from Zoster vaccine. If not, the vaccine(s) given 2<sup>nd</sup> should be repeated 28 days later.

**FURTHER POINTS**

- Persons with a documented history of receiving 1 or more doses of varicella vaccine are not recommended to receive Zoster vaccine
  - Exception: If varicella vaccine is mistakenly administered instead of Zoster vaccine, do not count the dose. Give Zoster vaccine at that same visit or if the error is not immediately detected, administer a dose of Zoster 28 days later.
- Persons aged 60 years and older who were born in the U.S. are considered to have immunity to chickenpox
  - However, if a titer is drawn & results are negative or equivocal, administer 2 doses of varicella vaccine and no Zoster vaccine
- Zoster vaccine is licensed by the Food and Drug Administration (FDA) for ages 50 years/older & may be administered at the physician’s discretion to persons aged 50-59 years. However, it may not be reimbursed by health plan or Medicaid contracts.
- Persons age 60 years or older anticipating initiation of immunosuppressive treatments or who have a disease that might lead to immunodeficiency should be vaccinated at the first possible clinical encounter while their immunity is still intact.
- The following medications do not create vaccine safety concerns and based on provider discretion, Zoster may be administered:
  - Short-term corticosteroid medications (less than 14 days) in low-to-moderate doses (i.e.,  $< 20$  mg/day of prednisone); topical (nasal, skin, inhaled); intra-articular, bursal or tendon injections; or long- term alternate-day treatment with low to moderate doses of short- acting corticosteroid medications
  - Therapy with low-doses of methotrexate ( $\leq 0.4$  mg/Kg/week), azathioprine ( $\leq 0.3$  mg/Kg/day) or 6-mercaptopurine ( $\leq 1.5$  mg/Kg/day) for treatment of conditions including rheumatoid arthritis, psoriasis, and inflammatory bowel disease
- There is a Zoster Vaccine Information Statement (VIS), including information about the Michigan Care Improvement Registry (MCIR); VISs are available at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) or at your local health department.
- Document as “Zoster” in MCIR, on the vaccine administration record, and immunization record card