

A Quick Look at Using Recombinant Zoster Vaccine (RZV): Shingrix

Indications for Use and Schedule

- Routinely administer to **immunocompetent** persons aged 50 years and older
 - 2-dose series at 0, 2 to 6 months
 - Minimum interval: absolute minimum interval between 2 doses of RZV is 4 weeks
- **Recommended for immunocompetent adults aged 50 years and older including:**
 - Persons with prior receipt of varicella or Zostavax® (Zoster Vaccine Live, ZVL) vaccine
 - Persons with a history of herpes zoster (shingles)
 - Persons with chronic medical conditions (e.g., chronic renal failure, diabetes mellitus, rheumatoid arthritis, or chronic pulmonary disease)
 - Persons taking low-dose immunosuppressive therapy, who are anticipating immunosuppression, or those who have recovered from an immunocompromising illness

Vaccine Administration

- Administer **intramuscular (IM)** in the deltoid of the arm (preferred) or anterolateral thigh
- 1- to 1.5-inch needle; 22-25-gauge
- Use professional judgement when selecting needle length
- Can be given with other vaccines at the same visit
 - Use separate sites, space at least 1-inch apart

Storage and Handling

- Store in the refrigerator unit between **36°F to 46°F (2°C to 8°C)**
- Do **not** freeze, discard if it has been frozen
- Pharmaceutical-grade (purpose-built units) are preferred for vaccine storage
- Keep in original box; protect from light
- Shingrix diluent: packaged with lyophilized vaccine, store diluent in refrigerator with vaccine at 36°F to 46°F (2°C to 8°C)
- After reconstitution administer immediately or store refrigerated at 36°F to 46°F (2°C to 8°C)
 - Discard reconstituted vaccine if not used within 6 hours

Special Populations

- While RZV is not contraindicated in immunocompromised people, there is currently no recommendation to administer RZV to these patients
 - However, RZV should be administered to **household and other close contacts** of an immunocompromised patient when indicated
- Herpes zoster (shingles) can recur; persons with a history of herpes zoster should receive RZV
 - Do **NOT** administer RZV until the acute stage of herpes zoster episode (shingles) is over and symptoms have resolved
- Do not need to screen for history of varicella (chickenpox)
 - However, in persons known to be varicella-negative via serologic testing, ACIP recommendations for varicella vaccination should be followed

Contraindications

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of RZV or to any component of RZV

Precautions

- Moderate or severe illness with or without fever
- Pregnancy or breastfeeding—consider delaying vaccination with RZV in such circumstances

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Further Points

- RZV is not indicated for the:
 - Treatment of acute shingles
 - Prevention of post-herpetic neuralgia (PHN)
 - Treatment of ongoing PHN
- RZV is the preferred vaccine over ZVL for the prevention of herpes zoster (shingles) and related complications
- 2 doses of RZV is more than 90% effective at preventing shingles and PHN
- If more than 6 months have elapsed since the first dose of RZV, you should administer the second dose as soon as possible; you do not need to restart the vaccine series
- 2 doses of RZV are recommended for those who previously received ZVL
 - Interval between a dose of ZVL to the 1st RZV dose is 8 weeks
- 2 doses of RZV are recommended for those who previously received varicella vaccine
 - Interval between a dose of varicella vaccine to the 1st RZV dose is 8 weeks
- Shingrix in MCIR:
 - RZV will be forecasted as a general routine vaccine series for persons starting at 50 years of age
 - The recommended interval between 2 doses of RZV is 2 to 6 months, recommended will display 2 months
 - Interval violation: If the 2nd dose of RZV is given less than 4 weeks after the 1st dose, the 2nd dose should be considered invalid
 - A valid 2nd dose should be administered 2 months after the invalid dose
- Injection site reactions and systemic reactions have been noted with RZV
 - Pain, redness, and swelling at the injection site
 - Fatigue, headache, and fever are a few systemic reactions noted
- Educate patient about potential side effects with RZV; inform them that side effects usually go away after 2 to 3 days
 - It is important that patients get the 2nd dose of RZV
 - Pain from shingles can last a lifetime but these side effects should only last a few days
 - Further RZV talking points can be found at www.cdc.gov/vaccines/vpd/shingles/hcp/shingrix/about-vaccine.html
- The safety and efficacy of concomitant administration of two adjuvanted vaccines, such as RZV and Fludax[®], have not been evaluated; if possible, administer two adjuvanted vaccines in two different anatomic sites
- Herpes zoster (shingles) is not passed from one person to another through exposure to another person with zoster
 - If a person who is susceptible to chickenpox (i.e., they never had chickenpox and were not vaccinated against chickenpox) comes in direct contact with a person who has a zoster rash, the virus could be transmitted to the susceptible person. The exposed person could develop chickenpox, not herpes zoster (shingles).
 - Covering the zoster rash reduces the chances of transmitting varicella zoster virus
- For any questions that may arise regarding Zostavax[®] (ZVL), please contact your local health department (LHD) or the Michigan Department of Health and Human Services (MDHHS)
- Document Zoster as “Zoster RZV (Shingrix)” in MCIR, on the vaccine administration record (VAR), and immunization record card
- The Recombinant Zoster Vaccine Information Statement (VIS), including information about MCIR, can be found at www.michigan.gov/immunize or your LHD

Through the Michigan Adult Vaccine Program (MI-AVP), adults aged 50 years and older can receive RZV. Eligible persons include those who are uninsured or underinsured and seen by an MI-AVP provider. For questions about MI-AVP, contact your local health department. For persons covered by Adult Medicaid, private stock should be used and billed to Medicaid. For additional information, refer to MMWR: Recommendations of the Advisory Committee on Immunization Practices for Use of Herpes Zoster Vaccines: Updated Recommendations of the ACIP (January 26, 2018) at www.cdc.gov/vaccines.