

INFORMATION PAPER

DHA-IHB
5 February 2018

SUBJECT: Herpes Zoster (Shingles)

1. Purpose. To describe Herpes Zoster (Shingles) disease and the vaccines to prevent it.
2. Facts.
 - a. Microbiology. Shingles is caused by the varicella zoster virus, the same virus that causes chickenpox. This virus can remain inactivated in the nerve endings of the body for many decades following chickenpox. As individuals age, this virus may reactivate in some people and cause shingles and other complications, such as postherpetic neuralgia.
 - b. Disease. Shingles is a painful rash that develops on one side of the face or body. The rash forms blisters that usually scab over in 7-10 days and usually clears up within 2-4 weeks. Some people will experience pain, itching, or tingling in the area 1-5 days before the rash develops. The rash occurs in a single stripe on one side of the body or rarely on the face.
 - c. Epidemiology. The virus that causes shingles can be spread from a person with shingles when blisters are present to another person who has never had chickenpox or chickenpox vaccine. After the rash has developed a crust like appearance in a person with shingles, the person is no longer contagious.
 - (1) Avoid scratching or touching the rash, keep it covered and to prevent the spread of the virus, wash your hands often.
 - d. Vaccine. The Center for Disease Control (CDC)'s Advisory Committee on Immunization Practice (ACIP) recommends that healthy people aged 50 years and older get vaccinated, to help prevent shingles.
 - (1) The Shingrix Zoster vaccine is a recombinant, adjuvanted vaccine. It is indicated for prevention of shingles in adults aged 50 years and older and is received as a two dose series intramuscularly, at least 2 months between doses.
 - (2) The Zostavax vaccine is a live attenuated vaccine. It is indicated for prevention of shingles in individuals 50 years and older and is received as a single subcutaneous dose.

- e. Immunization. The CDC recommends Shingrix as preferred over Zostavax for the prevention of shingles and related complications. Individuals who have previously received Zostavax may receive Shingrix.

Precautions. Individuals whom should not receive Zostavax include individuals with a history of an allergic reaction to gelatin, neomycin, or any other component of Zostavax; immunosuppression or immunodeficiency, pregnancy, or those with active shingles. Individuals with a history of allergy to any component of the vaccine or active shingles should not receive Shingrix.

- f. Adverse Events. The most common side effects of the immunization are local reactions: redness, pain, and swelling at the injection site, and systemic reactions: aches and pains, fatigue, headache, shivering, fever and gastro-intestinal symptoms.
- g. DoD Policy. The DoD follows the Advisory Committee for Immunization Practices (ACIP) for routine, age or condition-specific vaccine recommendations. The shingles vaccine is included in ACIP routine immunization recommendations.
- h. Contact your healthcare provider as soon as possible if you think you may have shingles to discuss treatment options.
 - (1) There are medications that can fight the virus and the inflammation that can occur.

3. Reference.

- a. CDC. Recommendations of the Advisory Committee on Immunization Practices for Use of Herpes Zoster Vaccines. MMWR, January 26, 2018/67(3):103-108.

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