

SHINGLES CAN STRIKE WHEN YOUR PATIENTS LEAST EXPECT IT, SO TAKE EVERY OPPORTUNITY TO RECOMMEND SHINGRIX^{1,2}

Remind patients that there are a lot of things they can't prevent as they age—but they can do something about shingles.¹



Not an actual pharmacist or patient.

Important Safety Information (cont'd)

- Solicited general adverse reactions reported in individuals aged 50 years and older were myalgia (45%), fatigue (45%), headache (38%), shivering (27%), fever (21%), and gastrointestinal symptoms (17%)
- The data are insufficient to establish if there is vaccine-associated risk with SHINGRIX in pregnant women

Please see Important Safety Information for SHINGRIX throughout and accompanying full Prescribing Information, also available at SHINGRIXHCP.com.



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SGXLBND220015 August 2022
Produced in USA. 0002-0019-14



You can't predict when shingles will strike. Help prevent it by recommending a 2-dose series of SHINGRIX to your patients 50 years and older.^{1,2}

Indication

SHINGRIX is a vaccine indicated for prevention of herpes zoster (shingles) in adults aged 50 years and older.

SHINGRIX is not indicated for prevention of primary varicella infection (chickenpox).

Important Safety Information

- SHINGRIX is contraindicated in anyone with a history of a severe allergic reaction (eg, anaphylaxis) to any component of the vaccine or after a previous dose of SHINGRIX
- Review immunization history for possible vaccine sensitivity and previous vaccination-related adverse reactions. Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of SHINGRIX

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USE EVERY OPPORTUNITY TO DISCUSS THE NEED FOR PROTECTION AGAINST SHINGLES. HERE'S HOW:

Ask your patients aged 50 years and older if they've been vaccinated against shingles. If not, let them know:

Nearly everyone aged 50 years and older is at risk for shingles, no matter how healthy they may feel²

99.5% OF PEOPLE ≥50 YEARS OLD ARE AT RISK FOR DEVELOPING SHINGLES.²⁻⁴

IN 1 OUT OF 3 PEOPLE, THE VIRUS REACTIVATES AND CAUSES SHINGLES.²

A dominant driver of shingles is age-related decline in immunity (ARDI)^{2,5}

Remind your patients how ARDI happens:

1. Increasing age causes a natural decline in immunity.^{2,5}
2. As immune function declines, there is a reduction in the number and functionality of immune cells that prevent reactivation of varicella zoster virus (VZV).^{2,5}
3. ARDI leads to a sharp increase in the incidence and severity of shingles.^{2,6}

Important Safety Information (cont'd)

- In a postmarketing observational study, an increased risk of Guillain-Barré syndrome was observed during the 42 days following vaccination with SHINGRIX
- Syncope (fainting) can be associated with the administration of injectable vaccines, including SHINGRIX. Procedures should be in place to avoid falling injury and to restore cerebral perfusion following syncope
- Solicited local adverse reactions reported in individuals aged 50 years and older were pain (78%), redness (38%), and swelling (26%)

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SIDE EFFECTS PATIENTS MAY EXPERIENCE WITH SHINGRIX¹

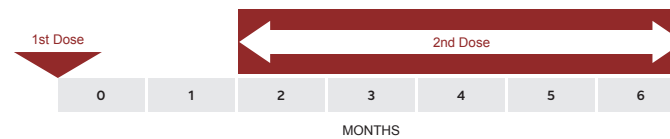
Make sure to tell your patients that side effects can include pain, redness, and swelling at the injection site. They may also experience general adverse reactions such as muscle pain, fatigue, headache, shivering, fever, or upset stomach.

The local and general adverse reactions seen with SHINGRIX had a median duration of 2 to 3 days.

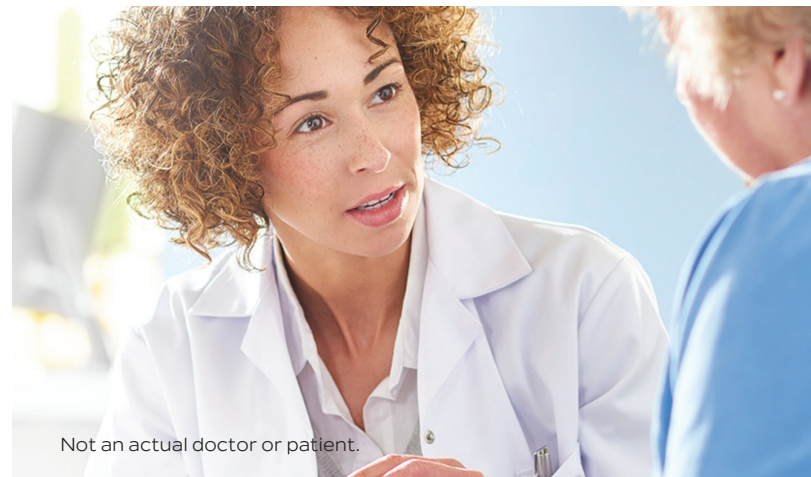


It's important to get both doses

SHINGRIX is a 2-dose series. The second dose is given 2 to 6 months after the first. You should explain to your patients that it is important to receive both doses. The efficacy results of SHINGRIX were demonstrated in clinical trials when administered as a 2-dose series.¹



ENCOURAGE YOUR PATIENTS TO VISIT SHINGRIX.COM FOR MORE INFORMATION



Not an actual doctor or patient.



Not an actual pharmacist.

Routine vaccination is an essential preventive care service that should not be delayed because of the COVID-19 pandemic. Because of COVID-19-related reductions in people accessing vaccination services, it is important to assess vaccination status at each patient visit. Please visit the CDC's COVID-19 webpage for more information.⁷

Important Safety Information (cont'd)

- Solicited general adverse reactions reported in individuals aged 50 years and older were myalgia (45%), fatigue (45%), headache (38%), shivering (27%), fever (21%), and gastrointestinal symptoms (17%)
- The data are insufficient to establish if there is vaccine-associated risk with SHINGRIX in pregnant women
- It is not known whether SHINGRIX is excreted in human milk. Data are not available to assess the effects of SHINGRIX on the breastfed infant or on milk production/excretion
- Vaccination with SHINGRIX may not result in protection of all vaccine recipients

CDC=Centers for Disease Control and Prevention.

References: 1. Prescribing Information for SHINGRIX. 2. Centers for Disease Control and Prevention. Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2008;57(RR-5):1-30. 3. Centers for Disease Control and Prevention. Shingles (herpes zoster) clinical overview. Reviewed October 5, 2020. Accessed July 12, 2022. <https://www.cdc.gov/shingles/hcp/clinical-overview.html> 4. Kilgore PE, Kruszon-Moran D, Seward JF, et al. Varicella in Americans from NHANES III: implications for control through routine immunization. *J Med Virol*. 2003;70(suppl 1):S111-S118. 5. Levin MJ. Immune senescence and vaccines to prevent herpes zoster in older persons. *Curr Opin Immunol*. 2012;24(4):494-500. 6. Patterson-Bartlett J, Levin MJ, Lang N, Schödel FP, Vessey R, Weinberg A. Phenotypic and functional characterization of ex vivo T cell responses to the live attenuated herpes zoster vaccine. *Vaccine*. 2007;25(41):7087-7093. 7. Centers for Disease Control and Prevention. Interim guidance for routine and influenza immunization services during the COVID-19 pandemic. Reviewed April 15, 2021. Accessed July 12, 2022. <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>