ARE YOUR PATIENTS AT INCREASED RISK?

AGE AND ADDITIONAL RISK FACTORS FOR SHINGLES

Patients ≥50 years old are at increased risk of shingles[1]

- **99.5% of people ≥50 years old are infected** with the varicella zoster virus (VZV)[1,2]
- In **1 out of 3 people**, dormant **VZV reactivates** in their lifetime and causes **shingles—a blistering rash** that can be excruciatingly painful, typically **lasting 7 to 10 days**[1,3]
- The risk of developing shingles sharply increases **starting at 50 years old**—and continues to grow with age[1]

THESE PATIENTS MAY HAVE ADDITIONAL RISK FACTORS:

CERTAIN COMORBIDITIES HAVE BEEN ASSOCIATED WITH **INCREASED RISK OF SHINGLES**[4,*]

24% INCREASED RISK
in patients with **DIABETES** vs without
32 studies, pooled effect estimate:
RR: 1.24 (95% CI: 1.14-1.35)

24% INCREASED RISK
in patients with **ASTHMA** vs without
12 studies, pooled effect estimate:
RR: 1.24 (95% CI: 1.16-1.31)

41% INCREASED RISK
in patients with **COPD** vs without
12 studies, pooled effect estimate:
RR: 1.41 (95% CI: 1.28-1.55)

29% INCREASED RISK
in patients with **CHRONIC KIDNEY DISEASE** vs without
18 studies, pooled effect estimate:
RR: 1.29 (95% CI: 1.10-1.51)

34% INCREASED RISK
in patients with **CARDIOVASCULAR CONDITIONS**[†] vs without
16 studies, pooled effect estimate:
RR: 1.34 (95% CI: 1.17-1.54)

*Data from a meta-analysis assessing risk factors for HZ. The analysis included a total study population of 198,751,846 individuals, with 3,768,691 HZ cases across 88 studies (68 cohort and 20 case-control studies) from 1966 to 2019. The populations in these studies ranged from people aged 3 months to 104 years old. Eighteen risk factors were identified in the meta-analysis, note not all are presented here. Limitations included the following: most studies were observational and had a higher likelihood of bias; the majority of studies used administrative data, which is subject to miscoding, errors, and can vary between practitioners; finally, heterogeneity was high across studies. This list is not exhaustive and may not present all conditions associated with an increased risk of HZ.[4]

†Cardiovascular conditions included in each individual study in the meta-analysis varied by study and included heart disease, heart failure, hypertension, hyperlipidemia, stroke, atrial fibrillation/flutter, and other cardiovascular disease.[4]

CI=confidence interval; COPD=chronic obstructive pulmonary disease; HZ=herpes zoster; RR=relative risk.

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
- In a postmarketing observational study, an increased risk of Guillain-Barré syndrome was observed during the 42 days following vaccination with SHINGRIX

Please see additional Important Safety Information for SHINGRIX on the second page and full Prescribing Information, also available at SHINGRIXHCP.com.

SHINGRIX
(ZOSTER VACCINE RECOMBINANT, ADJUVANTED)

SHINGLES COULD HAVE MORE OF AN IMPACT THAN YOU REALIZE

In studies, **9 out of 10 patients** with shingles **experienced clinically significant pain.**[5,*]

- Patients were asked to **rate their "worst pain"** on a scale of 0 to 10 using the ZBPI. **Clinically significant pain was defined as a score of 3 or greater**[5]

Shingles can lead to **serious and long-lasting complications.**[1]

- **Postherpetic neuralgia (PHN)** occurs in **10%-18% of individuals with shingles**. This nerve pain lasts for months (≥90 days) and, in some cases, years[1]

SHINGRIX is not indicated for the prevention of PHN or other herpes-zoster complications.[6]

IN PATIENTS WITH SHINGLES, CERTAIN COMORBIDITIES HAVE BEEN ASSOCIATED WITH **INCREASED ODDS OF DEVELOPING PHN**[7,†]

19% INCREASED ODDS
in patients with **DIABETES** vs without

aOR: 1.19 (99% CI: 1.07-1.33)
Among 8492 patients with diabetes and shingles, 789 (9.3%) developed PHN

53% INCREASED ODDS
in patients with **COPD** vs without

aOR: 1.53 (99% CI: 1.35-1.72)
Among 5060 patients with COPD and shingles, 669 (13.2%) developed PHN

21% INCREASED ODDS
in patients with **ASTHMA** vs without

aOR: 1.21 (99% CI: 1.06-1.37)
Among 8267 patients with asthma and shingles, 512 (6.2%) developed PHN

*Data from a post hoc analysis of 2 phase 3 trials of participants in the placebo groups with a confirmed case of herpes zoster in adults ≥50 years old (N=280) and ≥70 years old (N=240).[5]

†UK observational study using Clinical Practice Research Datalink. Among 119,413 patients with shingles (median age 61 years) diagnosed between January 2000 and December 2011, 5.8% developed PHN (defined as pain persisting for ≥90 days following shingles diagnosis). Odds ratios for PHN were modeled for select comorbidities and adjusted for age, sex, socioeconomic status, HIV, leukemia, lymphoma, myeloma, hematopoietic stem cell transplantation, other unspecified cellular immune deficiencies, rheumatoid arthritis, systemic lupus erythematosus, inflammatory bowel disease, COPD, asthma, CKD, depression, personality disorder, diabetes, recent cancer diagnosis, smoking, BMI category, site of zoster, antivirals, and immunosuppressive therapies.[7]

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Important Safety Information (cont'd)

- 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%)
- 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

Please see additional Important Safety Information for SHINGRIX on the first page and full Prescribing Information, also available at SHINGRIXHCP.com.

aOR=adjusted odds ratio; BMI=body mass index; HIV=human immunodeficiency virus; ZBPI=Zoster Brief Pain Inventory.

References: 1. Harpaz R, et al. *MMWR Recomm Rep*. 2008;57(RR-5):1-30. **2.** Kilgore PE, et al. *J Med Virol*. 2003;70(suppl 1):S111-S118. **3.** Centers for Disease Control and Prevention. April 19, 2024. https://www.cdc.gov/shingles/signs-symptoms/index.html **4.** Marra F, et al. *Open Forum Infect Dis*. 2020;7(1):1-8. **5.** Curran D, et al. *Infect Dis Ther*. 2022;11(6):2265-2277. **6.** Prescribing Information for SHINGRIX. **7.** Forbes HJ, et al. *Neurology*. 2016;87:94-102.

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