

HOW TO DISCUSS SHINGLES DURING AN ANNUAL OR COVID-19 VACCINATION VISIT



When giving a flu shot or COVID-19 vaccination to patients aged 50 years and older, urge them to schedule a shingles vaccination, too.

99.5% of people ≥50 years old are at risk for developing shingles¹

1 out of 3 people will develop shingles in their lifetime¹

- There are a lot of things your patients can't prevent as they age—but they can do something about shingles²
- **In those aged 50 years and older, SHINGRIX delivered >90% efficacy regardless of age^{2,*}**

This flu season, ask your patients aged 50 years and older if they've been vaccinated against shingles

- If they haven't, discuss SHINGRIX
- SHINGRIX is indicated for the prevention of shingles in adults aged 50 years and older²

Remind patients that shingles vaccination can help them be proactive about their health

- SHINGRIX is a 2-dose series. Tell your patients it is important to receive both doses. Encourage them to schedule their second dose anytime between 2 and 6 months after their first dose²
- Inform patients that they may experience adverse reactions after receiving SHINGRIX. In clinical trials, the solicited local adverse reactions observed were pain, redness, and swelling at the injection site, and solicited general adverse reactions included myalgia, fatigue, headache, shivering, fever, and gastrointestinal symptoms²

If you don't stock SHINGRIX, consider referring your patients to their pharmacy.

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

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.³

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

*Data from the phase 3 ZOE-50 (≥50 years of age) trial (median follow-up period 3.1 years) and pooled data in individuals ≥70 years of age from the phase 3 ZOE-50 and ZOE-70 trials (median follow-up period 4 years) in subjects who received 2 doses of SHINGRIX (n=7344 and 8250, respectively) or placebo (n=7415 and 8346, respectively). These populations represented the modified Total Vaccinated Cohort, defined as patients who received 2 doses (0 and 2 months) of either SHINGRIX or placebo and did not develop a confirmed case of herpes zoster within 1 month after the second dose.^{2,4}

CDC=Centers for Disease Control and Prevention.



SHINGRIX
(ZOSTER VACCINE
RECOMBINANT, ADJUVANTED)

Important Safety Information (cont'd)

- 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
- 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

References: 1. 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. 2. Prescribing Information for SHINGRIX. 3. Interim guidance for routine and influenza immunization services during the COVID-19 pandemic. Centers for Disease Control and Prevention. Reviewed April 15, 2021. Accessed October 20, 2021. <https://www.cdc.gov/vaccines/pandemic-guidance/index.html> 4. Data on file. Study 113077 (NCT01165229). GSK Study Register. Study entry at: <https://www.gsk-studyregister.com/en/trial-details/?id=113077>.

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

You are encouraged to report vaccine adverse events to the US Department of Health and Human Services. Visit www.vaers.hhs.gov to file a report, or call 1-800-822-7967.

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