

## A FLU VACCINATION IS A GREAT TIME FOR A SHINGLES CONVERSATION.

Remind patients that there are a lot of things they can't prevent as they age.

But they can do something about shingles.<sup>1</sup>



Not an actual pharmacist or patient.

### 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

Please see Important Safety Information for SHINGRIX throughout and accompanying full Prescribing Information, also available at [SHINGRIXHCP.com](http://SHINGRIXHCP.com).

 **SHINGRIX**  
(ZOSTER VACCINE RECOMBINANT, ADJUVANTED)

Trademarks owned or licensed by GSK.



©2021 GSK or licensor.  
SGXOGM210010 April 2021  
Produced in USA.

**WHEN YOU  
POKE THEM,  
PROD THEM.**

## When giving a flu vaccine to patients 50 years and older, don't miss the opportunity to discuss SHINGRIX.<sup>1\*†</sup>

\*In an open-label clinical study, subjects 50 years and older received 1 dose each of SHINGRIX and FLUARIX QUADRIVALENT (Influenza Vaccine) (QIV) at Month 0 and 1 dose of SHINGRIX at Month 2 (n = 413), or 1 dose of QIV at Month 0 and 1 dose of SHINGRIX at Months 2 and 4 (n = 415). There was no evidence for interference in the immune response to any of the antigens contained in SHINGRIX or the coadministered vaccine.<sup>1</sup>  
†SHINGRIX has not been studied with other influenza vaccines, including those that have an adjuvant component.

### 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

Please see Important Safety Information for SHINGRIX throughout and accompanying full Prescribing Information, also available at [SHINGRIXHCP.com](http://SHINGRIXHCP.com).

 **SHINGRIX**  
(ZOSTER VACCINE RECOMBINANT, ADJUVANTED)

## HOW TO DISCUSS SHINGLES DURING A FLU SHOT VISIT\*†

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

**Nearly everyone 50 years and older is at risk for shingles, no matter how healthy they may feel<sup>1-8</sup>**

**99% OF PEOPLE AGED 50 YEARS AND OLDER ARE INFECTED WITH VZV.<sup>2</sup>**

**1 OUT OF 3 PEOPLE WILL GET SHINGLES IN THEIR LIFETIME.<sup>4</sup>**

### A dominant driver of shingles is age-related decline in immunity (ARDI)<sup>3,4,9</sup>

Remind your patients how ARDI happens:

1. Increasing age causes a natural decline in immunity.<sup>4</sup>
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).<sup>3,4,8-11</sup>
3. ARDI leads to a sharp increase in the incidence and severity of shingles.<sup>3,4</sup>

\*In an open-label clinical study, subjects 50 years and older received 1 dose each of SHINGRIX and FLUARIX QUADRIVALENT (Influenza Vaccine) (QIV) at Month 0 and 1 dose of SHINGRIX at Month 2 (n = 413), or 1 dose of QIV at Month 0 and 1 dose of SHINGRIX at Months 2 and 4 (n = 415). There was no evidence for interference in the immune response to any of the antigens contained in SHINGRIX or the coadministered vaccine.<sup>1</sup>

†SHINGRIX has not been studied with other influenza vaccines, including those that have an adjuvant component.

### Important Safety Information (cont'd)

- Solicited local adverse reactions in subjects aged 50 years and older were pain (78.0%), redness (38.1%), and swelling (25.9%)
- Solicited general adverse reactions in subjects aged 50 years and older were myalgia (44.7%), fatigue (44.5%), headache (37.7%), shivering (26.8%), fever (20.5%), and gastrointestinal symptoms (17.3%)

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



## SIDE EFFECTS PATIENTS MAY EXPERIENCE WITH SHINGRIX<sup>1</sup>

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

The majority of solicited local adverse reactions and general adverse events 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.



Not an actual pharmacist or patient.

## ENCOURAGE YOUR PATIENTS TO VISIT SHINGRIX.COM FOR MORE INFORMATION

### Important Safety Information (cont'd)

- SHINGRIX was not studied in pregnant or lactating women, and it is unknown if it is excreted in human milk. Therefore, it cannot be established whether there is vaccine-associated risk with SHINGRIX in pregnant women or if there are effects on breastfed infants or milk production/excretion
- Vaccination with SHINGRIX may not result in protection of all vaccine recipients

**References:** 1. Prescribing Information for SHINGRIX. 2. 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. 3. Kimberlin DW, Whitley RJ. Varicella-zoster vaccine for the prevention of herpes zoster. *N Engl J Med.* 2007;356(13):1338-1343. 4. 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. 5. Mahalingam R, Wellish M, Wolf W, et al. Latent varicella-zoster viral DNA in human trigeminal and thoracic ganglia. *N Engl J Med.* 1990;323(10):627-631. 6. Lungu O, Annunziato PW, Gershon A, et al. Reactivated and latent varicella-zoster virus in human dorsal root ganglia. *Proc Natl Acad Sci U S A.* 1995;92(24):10980-10984. 7. Furuta Y, Takasu T, Fukuda S, et al. Detection of varicella-zoster virus DNA in human geniculate ganglia by polymerase chain reaction. *J Infect Dis.* 1992;166(5):1157-1159. 8. Weinberg A, Lazar AA, Zerbo GO, et al. Influence of age and nature of primary infection on varicella-zoster virus-specific cell-mediated immune responses. *J Infect Dis.* 2010;201(7):1024-1030. 9. Levin MJ. Immune senescence and vaccines to prevent herpes zoster in older persons. *Curr Opin Immunol.* 2012;24(4):494-500. 10. Chlibek R, Smetana J, Pauksens K, et al. Safety and immunogenicity of three different formulations of an adjuvanted varicella-zoster virus subunit candidate vaccine in older adults: a phase II, randomized, controlled study. *Vaccine.* 2014;32(15):1745-1753. 11. 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.



Not an actual pharmacist.