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

• 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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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 feel.

99.5% OF PEOPLE ≥50 YEARS OLD ARE AT RISK FOR DEVELOPING SHINGLES. IN 1 OUT OF 3 PEOPLE, THE VIRUS REACTIVATES AND CAUSES SHINGLES.

A dominant driver of shingles is age-related decline in immunity (ARDI). Remind your patients how ARDI happens:

1. Increasing age causes a natural decline in immunity.
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).
3. ARDI leads to a sharp increase in the incidence and severity of shingles.

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 SHINGRIX

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.

ENCOURAGE YOUR PATIENTS TO VISIT SHINGRIX.COM FOR MORE INFORMATION

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.

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


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