

### Transcript Details

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Shingles: Addressing the Risk

### Announcer:

You're listening to ReachMD. This medical industry feature, titled "Shingles: Addressing the Risk," is sponsored by GSK. This program is intended for pharmacists.

Here's your host, Dr. Jennifer Caudle.

### Dr. Caudle:

Welcome to ReachMD. I'm your host, Dr. Jennifer Caudle, and joining me to discuss the risk of shingles and how we can better protect our patients is pharmacist, Dr. Christopher Altman, Director of Immunization and Clinical Programs at Rite Aid. Welcome to the program, Dr. Altman.

### Dr. Altman:

Thank you for having me.

### Dr. Caudle:

Well, we're so excited that you're here. This is definitely an important topic. So to start us off, Dr. Altman, can you give us some background information on shingles?

### Dr. Altman:

Sure. Shingles typically presents as a painful rash. It develops on one side of the face or the body of our patients, and is caused by the reactivation of the varicella zoster virus.<sup>1,2</sup> Now this is the exact same virus that causes chickenpox in children. What's crazy is that more than 99% of adults over the age of 50 already have this virus inside of them, and then it can reactivate at anytime, causing shingles.<sup>1,3</sup> One in three patients will develop shingles in their lifetime.<sup>1,2</sup>

### Dr. Caudle:

And that's a really important statistic. You know, if a patient does develop shingles, is it possible they'll experience complications beyond just a rash?

### Dr. Altman:

Yes, it's definitely possible. And I think this is something that some clinicians tend to underestimate, is that pain and the possible side effects. There can even be serious and long-lasting complications.<sup>1</sup>

One of those complications is something called postherpetic neuralgia, or PHN for short. Now this is nerve pain that typically lasts for months, but can sometimes last up to years.<sup>1,4</sup> And there can also be visual complications. Like I said, the rash can show up on someone's face. This will impact up to 10 to 25% of individuals, and in rare cases can even lead to vision loss.<sup>1</sup>

### Dr. Caudle:

Now, is it true that the risk of shingles increases with age?

### Dr. Altman:

Yes, that is true. And while shingles can affect people of all ages, that risk does increase as our patients age.<sup>1,5,6</sup> By the time someone's 85, that risk of developing shingles increases to one in two.<sup>1,7</sup> But the good news is that through vaccination, shingles can be prevented.<sup>4</sup>

**Dr. Caudle:**

For those of you who are just tuning in, you're listening to ReachMD. I'm your host, Dr. Jennifer Caudle, and today I'm speaking with Dr. Christopher Altman about addressing the risk of shingles. Now before we dive into SHINGRIX vaccination for adults, let's review the indication for SHINGRIX.

**ReachMD Announcer:**

Indication: SHINGRIX (Zoster Vaccine Recombinant, Adjuvanted) 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, for example, anaphylaxis, to any component of the vaccine or after a previous dose of SHINGRIX. There's additional Important Safety Information at the end of this video and at SHINGRIX hcp dot com. Please see the full Prescribing Information for SHINGRIX on this website.

**Dr. Caudle:**

Dr. Altman, with that information in mind, what can you tell us about the current vaccination rates for shingles?

**Dr. Altman:**

Shingles vaccination rates are really low across the board. And this is especially true for Black, Hispanic, and Asian communities.<sup>8</sup> When it comes to shingles, all appropriate patients over the age of 50 should be vaccinated with SHINGRIX.<sup>4,9</sup> It's an age group that sometimes gets overlooked when we're making recommendations for vaccines.

**Dr. Caudle:**

You know, those are really good points. Um, you know, along those lines, what are some strategies that can help pharmacists counsel patients about their risk of shingles?

**Dr. Altman:**

I think the most important thing is to remember that your patients don't always have shingles top of mind. So it's up to you to take the time to talk to them about the risks and complications of shingles.<sup>1</sup> Use a personal story. Talk to them about a patient you saw that developed shingles, talk to what their complications were and how they experienced it. Um, really use those personal experiences to reinforce the importance of getting vaccinated with SHINGRIX.

**Dr. Caudle:**

Those are really excellent suggestions. I know they're going to help so many of us when we counsel our patients. Dr. Altman, before we close do you have any final thoughts that you'd like to share regarding the risk of shingles?

**Dr. Altman:**

I think the most important thing is to remember that shingles can strike at any time, even if you feel healthy.<sup>1,3,5</sup> That's why it's important that every patient 50 years and older is considered a potential candidate for SHINGRIX. And remember, vaccination is the best way to protect against the risk of shingles.<sup>4</sup>

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Here's additional Important Safety Information for 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.

Syncope, or 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.

**Dr. Caudle:**

With those final thoughts in mind, I'd like to thank my guest, Dr. Christopher Altman, for helping us better understand the risk of shingles and how we can help prevent it. Dr. Altman, it was great speaking with you today.

**Dr. Altman:**

Thank you so much. It was a pleasure speaking with you.

**References:**

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