

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/focus-on-pharmacy/counseling-your-patients-on-the-risk-of-shingles/13550/>

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Counseling Your Patients on the Risk of Shingles

Dr. Caudle:

Welcome to ReachMD. I'm your host Dr. Jennifer Caudle. And joining me again today is pharmacist Dr. Christopher Altman, Director of Immunization and Clinical programs.

Dr. Caudle:

Thanks so much for being with us, Dr. Altman.

Dr. Altman:

Thank you for having me.

Dr. Caudle:

So, Dr. Altman let's start with a stat. You know, as we know, one in three people will get shingles in their lifetime.^{1,2}

And with that in mind, how should a pharmacist approach counseling their patients about shingles?

Dr. Altman:

When it comes to counseling patients, pharmacists need to be proactive about discussing shingles and encourage their appropriate patients to get vaccinated.

It's important to inform your appropriate patients, 50 years and older, that they can get vaccinated right there at your pharmacy.³ Let them know it doesn't matter how they look or feel. They may be healthy but can still get shingles.^{1,4,5}

Dr. Caudle:

Now, it's important to note that as our patients age, their risk of developing shingles also rises.^{1,5,6} So, how do you go about discussing this increasing risk with your patients?

Dr. Altman:

Patients over 50 should be told how increasing age causes a natural decline in immunity^{1,5,6}—and at 50 years of age, there's a sharp increase in the risk and severity of shingles.^{1,5} As you talk to your patients about how the risk grows as they age, let them know there is something they can do to help prevent shingles—get a shingles vaccination.³

Dr. Caudle:

Given this risk, tell us how we should approach informing our patients about the potential consequences of shingles?

Dr. Altman:

We should explain to patients how shingles causes a painful blistering rash that typically develops on one side of the face or body.^{1,2} We should also stress that aside from a painful rash, there can be serious, long-lasting complications.¹ Shingles can cause postherpetic neuralgia (PHN), a severe pain that can last for months in the area of the healed rash.^{1,3} And, if they get shingles near an eye, it can even cause vision complications.¹

Dr. Caudle:

For those of you 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 how to talk to patients about their risk for shingles. But before we take a deeper dive into the risks, let's review the indication, limitations of use, and contraindications 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:

Now Dr. Altman after talking to your patients about the risk of shingles, are they ever skeptical? And how do you counsel these patients?

Dr. Altman:

It's important to point out that shingles doesn't discriminate between people who are in good health and those who have health challenges. Let your patients know it doesn't just affect the elderly. Everyone 50 years of age and older who has had chickenpox is at risk and 1 in 3 will develop shingles.^{1,2} The only way to protect against shingles is vaccination.³

Dr. Caudle:

And is there any advice you can give to pharmacists who feel they don't have the time to discuss shingles with their patients?

Dr. Altman:

It's important to find the time to counsel your patients, as shingles can be quite debilitating.¹ Enlist your techs to help identify patients who are appropriate for vaccination.

Dr. Caudle:

Now before we close, do you have any final thoughts on the best way to communicate the shingles risk to our patients?

Dr. Altman:

Be proactive. Let the patients know it's something they should be concerned about. When it's time for an appropriate patient to receive their SHINGRIX vaccine, make a strong recommendation to get vaccinated as soon as they can.

ReachMD Announcer:

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 all that in mind, I'd like to thank my guest, Dr. Christopher Altman for talking to us about counseling patients on the risk of shingles.

Dr. Altman, it was nice speaking with you today.

Dr. Altman:

It was a pleasure to be here.

References:

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2. Kawai K, Gebremeskel BG, Acosta CJ. Systematic review of incidence and complications of herpes zoster: towards a global perspective. *BMJ Open*. 2014;4(6):e004833
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