

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/evaluating-disparities-in-shingles-vaccination/13551/>

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Evaluating Disparities in Shingles Vaccination

Dr. Caudle:

Welcome to ReachMD. I'm your host Dr. Jennifer Caudle and I'm with pharmacist Dr. Christopher Altman, Director of Immunization and Clinical Programs.

Dr. Caudle:

Dr. Altman, thank you for joining us!

Dr. Altman:

Thank you for having me.

Dr. Caudle:

Dr. Altman, let's start with some background on the disease itself. Can you tell us a little bit about shingles?

Dr. Altman:

Shingles is caused by the reactivation of the varicella zoster virus, this is the same virus that causes chickenpox.¹ Shingles generally presents as a painful, blistering rash on one side of the face or body and can last for weeks.^{1,2} The risk of the virus reactiving sharply increases after the age of 50. So anyone who has had chickenpox and is 50 years or older is at an increased risk for shingles.²⁻⁴ Shingles can impact all demographics, including White, Asian, Black and Hispanic patients. That being said, shingles can be prevented with vaccination.⁵

Dr. Caudle:

Now, given that shingles affects all demographics and ethnicities, do vaccination rates vary?

Dr. Altman:

While shingles can be prevented in appropriate patients with the shingles vaccine, vaccination rates have been strikingly lower for certain population groups in the US. According to a recent CDC survey, Black and Hispanic adults 50 years and older are far less likely to have been vaccinated against shingles than White adults 50 years and older.⁶

Dr. Caudle:

As a quick follow-up to that, can you give us a better sense of the disparity rate between ethnicities?

Dr. Altman:

In adults aged 50 years and older, non-Hispanic White adults were about twice as likely as Black and Hispanic adults to have ever received a shingles vaccine.⁶ Vaccination rates vary by ethnicity and race, but all numbers are lower than you might expect. Of those surveyed, only about 33% of White adults 50 years and older reported ever receiving a shingles vaccine. That number drops to about 17% for Black adults and 16% for Hispanic adults.⁶

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 how to talk to patients about the risk for shingles. Before we continue our discussion on shingles vaccination for adults, 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 SHINGRIXhcp.com. Please see the full Prescribing Information for SHINGRIX on this website.

Dr. Caudle:

So Dr. Altman, now that we have a better understanding of the disparity in shingles vaccination rates, what can we do to close the gap?

Dr. Altman:

We need to rethink the conversations we have both about shingles and SHINGRIX. Patients often visit their pharmacies multiple times a year, so there are multiple opportunities to engage patients in conversation. It's up to the pharmacist to initiate the discussion, answer your patients' questions, and guide the conversation. The key is to talk to your patients about their risk of shingles and the potentially serious complications that can come with it.^{1,2} Let them know that a shingles vaccine protects against shingles and can even be administered right there at the pharmacy.⁵

Dr. Caudle:

Focusing for a moment on Black and Hispanic patients, how should we counsel them on shingles vaccination?

Dr. Altman:

For all patients, especially Black and Hispanic patients, one way we can increase vaccination rates is to talk to them about getting vaccinated with SHINGRIX. It may require more than one conversation to get any of your patients to act, but these conversations can have an impact. SHINGRIX has been proven to be highly effective in preventing shingles in adults aged 50 and older.⁵ Common solicited adverse reactions observed were pain, redness, and swelling at the injection site.⁵

Dr. Caudle:

Do you have any final thoughts or takeaways on shingles and shingles vaccination that you'd like to leave with our audience today?

Dr. Altman:

One important thing you can do is to tell your appropriate patients about the risk, and how one in three adults will develop shingles in their lifetime.¹⁻³ Let them know the effects of shingles can be debilitating, so protecting themselves with the shingles vaccine is especially important.^{1,2}

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 and/or 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 sharing his insights on shingles vaccination rate disparities.

Dr. Altman:

Thank you, it was a pleasure to be here.

References:

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5. Prescribing Information for SHINGRIX.
6. Vaccination Coverage among Adults in the United States, National Health Interview Survey, 2019-2020. Centers for Disease Control and Prevention. Reviewed February 17, 2022. Accessed November 15, 2022.
<https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/vaccination-coverage-adults-2019-2020.html>

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