

Transcript Details

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Gaps in Shingles Vaccination: What Clinicians Need to Know

Announcer:

You're listening to *VacciNation* on ReachMD, and on this episode, we'll be taking a look at how we can integrate shingles vaccination into routine patient care.

Chickenpox is often recounted as a miserable childhood memory, but that virus remains dormant in the body and can reactivate later in life, making an unwelcome reappearance as shingles. The risk of shingles, also called herpes zoster, increases with age and weakened immune systems due to things like stress, chronic illnesses, or immunosuppressant medications.¹ But vaccination against shingles can help.

The CDC recommends the two-dose recombinant zoster vaccine, which is received two to six months apart, for all adults aged 50 and older, and for adults aged 19 and older who are immunocompromised. And that recommendation applies regardless of reported prior chickenpox exposure or even a reported history of shingles.²

Clinical trials for the recombinant zoster vaccine have shown greater than 90 percent efficacy against herpes zoster in adults 50 years and older. And long-term follow-up data show that high levels of protection may persist for up to 10 years after vaccination.^{3,4} That kind of sustained protection gives patients and clinicians reassurance.

But despite broad eligibility and evidence of long-term protection, shingles vaccination rates remain low. As of 2023, only about 24 percent of adults aged 50 and older had received two or more doses of the shingles vaccine.⁵ That leaves a significant protection gap.

So, how do we integrate shingles vaccination into care?

The first step is to identify and recommend. At each visit, take a moment to assess age, immune status, chronic conditions, as well as other general eligibility criteria for shingles vaccination. If the patient is 50 or older—or 19 or older and immunocompromised—consider making a recommendation for shingles vaccination and explain the benefits.²

If they're eligible, give the first dose during the visit or whenever possible. Starting the series today prevents missed opportunities later. And before they leave, schedule the second dose within the two- to six-month window. Remind patients that this is a two-step process, and completing both doses is what delivers optimal protection.²

When we make screening routine and recommend the recombinant zoster vaccine with confidence, we can reduce the burden of shingles in our patients.

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References:

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