

Shingles / Herpes Zoster Vaccine (Shingrix®) Fact Sheet

What is shingles / herpes zoster?

- Shingles, also known as herpes zoster, is caused by the same virus as chickenpox. After chickenpox blisters heal, the herpes zoster virus stays, hiding in the body's nerve cells.
- The virus may be inactive for many years, but for unknown reasons, it can become active again and cause shingles. It can happen to anyone who has had chickenpox, but the risk increases as you get older, especially if you are over 50 years of age two thirds of shingles cases occur over the age of fifty.
- Nearly one in three Canadians develops shingles during their lifetime.
- Shingles causes a painful, blister-like rash that usually appears on one side of the body or face. Up to 4 days before the rash appears, there is often pain, itching or tingling at the site.
- The blisters scab over in 3 to 5 days and can last for 2 to 4 weeks. You might also have a fever, chills, headache and upset stomach.
- In addition to the pain from the rash, the underlying nerve pain caused by shingles has been described as burning, throbbing and/or stabbing. It can last for months or years.
- People with shingles may have other complications, including scarring, bacterial skin infections, weakness, muscle paralysis and loss of hearing and/or vision.

Who should get the shingles vaccine, Shingrix®?

- Shingrix® is recommended for the prevention of shingles in individuals 50 years of age and older. It is a 2-dose series, with the second dose given 2 to 6 months after the first dose.
- As of mid-October 2020, Ontario Seniors ages 65 to 70 years (i.e. from the 65th birthday to the day prior to the 71st birthday) are eligible for publicly funded Shingrix provided they have not already had publicly funded Zostavax vaccine (but if Seniors aged 65 to 70 years of age previously <u>paid</u> for Zostavax, they are eligible for publicly funded Shingrix).
 - **Note**: Due to COVID-19, Seniors born in 1949 or 1950 (turning 71 in 2020 or 2021) who missed Zostavax are eligible to receive Shingrix, with 2nd dose completed by December 31, 2021.
- You should get the vaccine even if you don't remember whether or not you have had chickenpox.
 There is no need to check with a blood test.
- If you have had a case of shingles in the past, you may receive the vaccine, but you should wait at least one year after you have had shingles.
- If you have already had the other shingles vaccine, Zostavax®, it is recommended that you should wait at least one year before you have the 2-dose series of Shingrix®.
- Immunocompromised individuals may have Shingrix®, but they should be informed that they may not receive the full benefit from the vaccine.

What are the common side effects of the shingles vaccine?

- You may feel sore, swollen, or itchy for a few days where the needle was given.
- You may feel unwell for a day or two with headaches, fatigue, fever, flu-like symptoms such as stomach pain, nausea, vomiting or diarrhea.
- If a rash appears, please inform Public Health at 613-966-5500.
- Tylenol® or ibuprofen may be taken afterwards, as directed, to reduce discomfort or fever.

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Who should not get the shingles vaccine?

- Anyone who has had a serious allergic reaction to this vaccine in the past, or to any component of the vaccine: Varicella Zoster Virus gE; Plant extract: Quillaja saponaria Molina fraction 21; Bacterial extract: 3-0-desacyl-4-, monophosphoryl lipid A; Powder (gE): dipotassium phosphate, polysorbate 80, sodium dihydrogen phosphate dehydrate, sucrose; Suspension: dioleoyl phosphatidylcholine, cholesterol, disodium phosphate anhydrous, potassium dihydrogen phosphate, sodium chloride. Stopper is butyl rubber, not natural rubber latex
- Anyone who has had a case of shingles in the past year.
- Anyone who has had the other shingles vaccine, Zostavax®, in the past year.
- Anyone with a high fever or moderate to severe illness should wait until they feel well.
- Anyone with a bleeding disorder should tell their health care provider since it is an intramuscular injection.

What else do I need to know?

- Shingrix® reduces the risk of shingles by an average of 97% in people 50 to 69 years of age, with an average of 90% reduction in people 70 years of age and over.
- Even if you have been vaccinated, you can still develop shingles, but the vaccine can help to reduce the intensity and length of time your nerve pain will last.
- If you think you may have a case of shingles, see your health care provider as soon as possible since an antiviral medication may reduce the severity of the illness.
- Shingles vaccine may be given at the same time as unadjuvanted flu vaccines but in the other arm; research is ongoing with other vaccines, e.g. Tdap and Pneu-P-23.
- You may be able to claim Shingrix® if you have a drug plan.
- You may need an additional booster someday; research is ongoing.
- The live shingles vaccine, Zostavax®, may be considered when Shingrix® is not available, not accessible (too expensive), not practical (unlikely to return for the booster) or contraindicated.
- You *cannot* catch shingles from someone with chickenpox.
- You *can* catch the chickenpox from someone with shingles, but it is rare, and only if you touch the sores or a soiled article of clothing or tissue that has had contact with the sores.

When should I seek medical help after immunization?

- If you have any unusual side effects after immunization, seek medical attention and notify us.
- Call 911 or go to Emergency at a hospital right away if you have any of the following after immunization:
 - swelling of the face and neck
 - o problems breathing
 - o hives and itchy, reddened skin

Your Record of Protection

After you receive any immunization, make sure your health care provider updates your personal immunization record. Keep it in a safe place. Please inform us of any immunizations not received here.

Other Questions?

Talk to your health care provider or call our Immunization Program at 613-966-5500; Toll Free 1-800-267-2803; TTY: Dial 711; Website hpePublicHealth.ca

References

GSK Product monograph Oct 2017 & Understanding Shingrix 2017 NACI Updated Recommendations HZ Vaccines June 2018

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