

Herpes zoster (shingles) vaccination update

On 1 November 2023 the recombinant herpes zoster vaccine, *Shingrix*, replaced the live attenuated vaccine, *Zostavax*, on Australia's National Immunisation Program. The groups eligible to receive herpes zoster vaccination for free also changed.

Herpes zoster, commonly known as shingles, is a reactivation of the varicella-zoster virus in a person who has previously had varicella (chickenpox). Shingles presents as a painful blistering rash on one side of the face or body that lasts 10 to 15 days. It can lead to serious illness, including postherpetic neuralgia that can last for months. It can cause other complications, including pneumonia, hearing problems, blindness or swelling of the brain.¹

The main trigger of virus reactivation is thought to be a decline in immunity to varicella-zoster virus that occurs with ageing (immunosenescence) or as a consequence of immunosuppression (from disease or medical therapy).²

Shingrix appears to be more efficacious than the live vaccine in preventing shingles.^{2,3} Waning of vaccine efficacy and immunogenicity post vaccination also appears to occur at a slower rate.³ Because *Shingrix* is not a live vaccine, it can be given to immunocompromised people.^{1,2}

Eligibility for free vaccination with *Shingrix* under the National Immunisation Program has been extended to all people aged 65 years and older, Aboriginal and Torres Strait Islander people aged 50 years and older, and selected immunocompromised adults at high risk of herpes zoster infection (Table 1).¹

Two doses, by intramuscular injection, are required for an adequate level and duration of protection (Table 1). Immunisation providers should advise patients of the importance of completing the 2-dose schedule.¹ There is currently no recommendation for a booster dose of *Shingrix* after a primary course.¹

People who have previously received *Zostavax* can be given *Shingrix*, but there needs to be at least a 12-month interval between *Zostavax* and the first *Shingrix* dose.³ If someone previously received *Zostavax* under the National Immunisation Program,

they must wait at least 5 years before they can receive free vaccination with *Shingrix*.¹ Patients who have previously received *Zostavax* still need to complete the 2-dose schedule of *Shingrix*.

People who have had an episode of shingles are at risk of future episodes. Immunocompetent people should delay *Shingrix* for at least 12 months after an episode of herpes zoster as they may benefit from a boost to natural immunity during this time. Immunocompromised people are at higher risk of recurrence and can receive *Shingrix* from as early as 3 months after the acute illness. However, the interval before vaccination should be individualised, balancing the increased risk of recurrence against uncertainty about the duration of protection provided by *Shingrix* in immunocompromised individuals and the absence of recommendations for booster doses after the initial course.³

People who are not eligible to receive *Shingrix* for free under the National Immunisation Program can purchase it privately with a prescription. However, given that the incidence of shingles and its complications increase with age, and the duration of longer-term protection is uncertain, decision-making at both a program and an individual level should take into consideration that early vaccination may result in insufficient protection later in life when the risk is higher.³ ◀

Keywords

herpes zoster, shingles, *Shingrix*, vaccination

Aust Prescr 2023;46:91
<https://doi.org/10.18773/austprescr.2023.027>

Table 1 Eligibility and dose schedule for *Shingrix* under the National Immunisation Program from 1 November 2023¹

Eligible groups	<i>Shingrix</i> dose schedule
non-Indigenous people aged 65 years and older	2 doses given 2 to 6 months apart
Aboriginal and Torres Strait Islander people aged 50 years and older	2 doses given 2 to 6 months apart
immunocompromised people aged 18 years and older with the following medical conditions:	2 doses given 1 to 2 months apart
<ul style="list-style-type: none"> • haemopoietic stem cell transplant • solid organ transplant • haematological malignancy • advanced or untreated HIV infection 	

REFERENCES

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