

Preventive medicine series: The Shingles vaccine

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The chicken pox virus, also known as Varicella, typically infects the young. But nowadays, it is exposed to our children through the Varicella vaccine, protecting them from the itchy viral illness. Like most viruses however, the infection never truly leaves us.

Shingles, or herpes zoster, is a reactivation of the same chicken pox virus that has laid dormant in our spinal cord. It is usually seen in the older population as the immunity to



the virus wears

off over time.

A shingles outbreak is characterized by pain or tingling in one area of the body and only on one side. A painful, blistery rash develops. The rash goes through phases of blisters

which later weep and ooze, then crust over, and eventually go away. This process usually takes about 10 days.

Where the rash has gone away, sometimes the pain lingers and can become a chronic and debilitating problem, a condition called postherpetic neuralgia. It is different than other types of pain and can be described as tingling, numbness, hypersensitivity, and mild to severe unrelenting pain.

Because it is a pain stemming from the nerve, it is often difficult to treat.

Complications of shingles include not only chronic pain, but also secondary bacterial skin infections, acute eye complications, and meningitis (inflammation of the lining of the brain and spinal cord).

Fortunately, in recent years the herpes zoster vaccine known as Zostavax had been established and approved as a one-time dose vaccine for those over 50 years old.

The CDC's Advisory Committee on Immunization Practices (ACIP) states that the shingles vaccine is "recommended for adults aged 60 or older regardless of whether they report a prior episode of herpes zoster (1). This means that in some select individuals, the vaccine may be valuable starting at age 50, but the most benefit is derived in patients 60 and older. Furthermore, even if a patient has already had the shingles, it is still recommended that he or she receive Zostavax.

The shingles vaccine has been shown to decrease the incidence of the disease by over 50%. In the subset of patients who still got shingles, the vaccine was shown to decrease the severity and duration of pain.

In those who received the shot, there was also a large decrease in the incidence of postherpetic neuralgia: by 67% (2).

Most, if not all, insurances provide coverage for the vaccine and it can be administered in your doctor's office or at the pharmacy.

Patients generally experience little to no side effects from Zostavax as it is generally well-tolerated. The most common reaction is localized skin irritation which can include pain, swelling, itching, and redness. On rare occasions, patients may experience headache, diarrhea, respiratory illness, or flu-like symptoms and fever.

People who should not receive the shingles vaccine are those who are immunocompromised such as leukemia and lymphoma patients, those with AIDS or on chronic steroids or other medicines that suppress the immune system. It cannot be given in pregnancy.

Once given, the vaccine may take up to six weeks to take full effect.

With a one-time, well-tolerated and cost-effective vaccine proven so effective, it is certainly warranted to talk to your health-care provider about getting yours!

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The health information provided herein is not intended to replace the advice or discussion with a healthcare provider and is for educational purposes only. Before making any decisions regarding your health, speak with your healthcare provider.

REFERENCES:

1. <http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html> (accessed 12 June 2015)
2. Oxman MN, Levin MJ, Johnson GR, et al. A vaccine to prevent herpes zoster and postherpetic neuralgia in older adults. *N Engl J Med* 2005; 352:2271.