Zoster Vaccine Recommended for Age 60 and Up

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People aged 60 years and older should receive the herpes zoster vaccine to prevent the development of shingles, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices recommends.

A single dose of the vaccine can be given to adults 60 years and older even if they have already had an episode of shingles, which is characterized by the development of blisters and severe pain that can persist for months or even years. The vaccine—made by Merck & Co.—is not indicated to treat acute zoster, to prevent patients with zoster from developing postherpetic neuralgia, or to treat ongoing postherpetic neuralgia. It does not compromise the immunogenicity of trivalent inactivated influenza vaccine when given simultaneously.

The new recommendation, published in an early-release electronic edition of Morbidity and Mortality Weekly Report, replaces a provisional recommendation made by the CDC's Advisory Committee on Immunization Practices after licensure of the vaccine in 2006 by the Food and Drug Administration. The MMWR report also addresses other aspects of treating herpes zoster, such as oral antiviral agents acyclovir, valacyclovir, and famciclovir, which reduce the severity and duration of acute pain from zoster.

The zoster vaccine is not licensed for persons under age 60 years or for persons of any age who have received varicella vaccine.

Zoster vaccine is contraindicated for persons with a history of anaphylactic reaction to any component of the vaccine, including gelatin and neomycin; persons with primary or acquired immunodeficiency; and pregnant women, although that is not very likely in this age group.

In a phase III, double-blind, placebo-controlled study of 38,546 healthy adults aged 60 years and older with a history of varicella or residency in the United States of 30 years of more, the vaccine reduced the risk of developing zoster by 51% and was 67% effective in preventing postherpetic neuralgia. The mean severity-by-duration of zoster was reduced by 57% in vaccine recipients who developed postherpetic neuralgia. The vaccine's efficacy declined with age: Efficacy against zoster was 18% for persons aged 80 years and older, but efficacy against postherpetic neuralgia was 39%.

The most common side effects associated with the vaccine are redness, pain, and swelling at the injection site, as well as pruritus and headache.

The risk of developing shingles increases with age, and approximately half of people who live to age 85 will develop the condition. ■

Family History Predicts Herpes Zoster Risk

The risk of developing herpes zoster appears to be strongly associated with a family history of the disorder, researchers said.

If further studies confirm this link, people whose family histories put them at risk can be targeted for vaccination, according to Lindsey D. Hicks, a medical student at the University of Texas at Houston, and her associates.

Noting that a recent literature review suggested that a family history of herpes zoster might be predictive but that the issue has not been adequately studied, the investigators conducted a case-control analysis involving 504 patients treated between 1992 and 2005 and 523 well-matched control subjects who never had herpes zoster. Nearly equal proportions of cases and controls (76%) recalled having had primary infection with varicella-zoster virus.

Case patients were about four times more likely than were control subjects to report having a first-degree relative with a history of herpes zoster.

Moreover, the risk of developing herpes zoster rose in a dose-dependent fashion as the number of affected relatives increased. "An odds ratio of 4.5 was calculated for [patients] reporting single [affected] relatives, and an odds ratio of 13.7 was calculated for those reporting multiple [affected] relatives," Ms. Hicks and her associates wrote (Arch. Dermatol. 2008;144:603-8).

—Mary Ann Moon