

Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) Update Recommendations for Vaccination against Herpes Zoster (HZ)

Updated CDC Recommendations for Vaccination against Herpes Zoster

- RZV [Shingrix] is routinely recommended for the prevention of HZ and related complications for immunocompetent adults aged ≥ 50 years.
- RZV [Shingrix] is recommended for the prevention of HZ and related complications for immunodeficient or immunosuppressed adults aged ≥ 19 years [NEW].
- Vaccine recommendation is independent of HZ infection history and previous Zoster Vaccine Live (Zostavax) receipt.
- 2 doses of RZV are recommended in these indicated populations, with a standard second dose interval of **2-6 months**. For persons who are or will be **immunodeficient or immunosuppressed** and who would benefit from a shorter vaccination schedule, the second dose can be administered **1-2 months** after the first.

Key Events Timeline

07/23/21: FDA expands [label](#) indications to authorize recombinant zoster vaccine (RZV = Shingrix®) in immunodeficient or immunosuppressed adults aged ≥ 18 years.

10/20/21: ACIP reviews data around expanded label and unanimously votes to recommend 2 doses of RZV for prevention of HZ & related complications in immunodeficient or immunosuppressed adults aged ≥ 19 years*.

01/21/22: CDC Director reviews ACIP endorsement and adopts as official CDC/HHS recommendation, with supporting evidence and clinical guidance published in the [Morbidity and Mortality Weekly Report](#) (Vol. 71 / No.3).

Implication: RZV is now the first HZ vaccine approved for use in immunocompromised persons and may prevent considerable shingles incidence and related complications in this newly authorized and recommended population.

Clinical Guidance

Dosing schedule: Administer two RZV doses, regardless of HZ history or previous receipt of Zostavax. The second RZV dose should typically be given **2-6 months** after the first. Exception: persons who are or will be **immunodeficient or immunosuppressed** who would benefit from a shorter schedule may truncate interval to **1-2 months**.

If the second RZV dose is given < 4 weeks after the first, a valid second dose should be repeated ≥ 4 weeks after the dose given too early. The vaccine series does not need to be restarted if more than 6 months have elapsed since the first dose.

Timing of vaccination: When possible, patients should be vaccinated before becoming immunosuppressed. Otherwise, providers should consider timing vaccination when the immune response is likely to be most robust. RZV may be administered to patients who previously received varicella vaccine and to patients taking antiviral medications.

Coadministration with other vaccines: RZV can generally be administered concomitantly, at different anatomic sites, with other adult vaccines, including COVID-19 vaccines.

*Note: Discrepancy in minimum age for this indication [18 years per FDA label and 19 years per ACIP recommendation] is due to ACIP's intent to align the recommendation with the age range in the adult immunization schedule.

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