OREGON STATE PUBLIC HEALTH DIVISION, DHS
IMMUNIZATION PROGRAM

LIVE ZOSTER VACCINE

I. ORDER:

1. Screen for contraindications.
2. Provide the current Shingles Vaccine Information Statement (VIS), answering any questions.
3. Obtain a signed Vaccine Administration Record (VAR).
4. Reconstitute the vaccine using only the diluent supplied.
   Give Zostavax® vaccine (0.65 ml) subcutaneously, preferably in the upper arm, as a single dose.

Signature Health Officer or Medical Provider Date

II. LICENSED LIVE ZOSTER VACCINE

Product Name	Vaccine components	Acceptable Age Range	Preservatives
Zostavax®[1] (Merck)	Oka/Merck strain of live attenuated varicella-zoster virus (VZV)	≥60 years	None

[1] Each dose contains approximately 15 mg of gelatin with trace quantities of neomycin and bovine calf serum.

III. INDICATIONS FOR USE:

A. For the prevention of herpes zoster (shingles) in individuals ≥60 years.[1,2,3]

[1]Zostavax® is not indicated for the treatment of zoster or post–herpetic neuralgia (PHN).
[2]The use of vaccine in individuals with a previous history of zoster has not been studied.
[3]Concurrent administration of Zostavax® and other vaccines has not been evaluated.

IV. VACCINE SCHEDULE FOR ZOSTAVAX®[1,2,3]

Age	Number of Doses	Route	Dosage
≥60 years	**1**	**Subcutaneous injection**	**0.65 ml**

[1]Zostavax® is stored frozen and should be reconstituted immediately upon removal from the freezer. The diluent should be stored separately at room temperature or in the refrigerator.
[2] Vaccine should be administered within 30 minutes of reconstitution, or discarded.
[3] Duration of protection is unknown. Protection has been demonstrated through 4 years of follow-up. The need for revaccination has not been defined.

V. CONTRAINDICATIONS

A. History of anaphylactic reaction to gelatin, neomycin, or other components of the vaccine.
B. History of primary or acquired immunodeficiency states including leukemia: lymphomas, or other malignant neoplasms affecting the bone marrow or lymphatic system.
C. Current immunosuppressive therapy, including high-dose corticosteroids[1]
D. Active untreated tuberculosis
E. Pregnancy[2]

[1] Safety and efficacy have not been evaluated in individuals receiving daily topical or inhaled corticosteroids or low-dose oral corticosteroids.
[2] Pregnancy should be avoided for 3 months following vaccination.

VI. PRECAUTIONS

A. Deferral of vaccination should be considered in acute illness.
B. The risk of transmitting the attenuated vaccine virus to a susceptible individual should be weighed against the risk of developing natural zoster that can be transmitted to a susceptible individual.[3]

[3] In clinical trials with Zostavax®, transmission of the vaccine virus has not been reported.

VII. SIDE EFFECTS AND ADVERSE EVENTS[1,2]

Adverse Experiences	Zostavax® % (n= 3345)	Placebo % (n= 3271)
Injection Site		
Erythema	33.7	6.4
Pain or tenderness	33.4	8.3
Swelling	24.9	4.3
Hematoma	1.4	1.4
Pruritus	6.6	1.0
Warmth	1.5	0.3
Systemic		
Headache	1.4	0.8

[1] Taken from Table 6 (p.7) in Zostavax® package insert issued May 2006
[2] Injection site adverse experiences were solicited only from day 0–4.

VIII. ADVERSE EVENT REPORTING

Adverse events following immunization should be reported by public providers to the Oregon State Public Health Immunization Program, using a Vaccine Adverse Events Reporting System (VAERS) form, according to state guidelines. Private providers report all adverse events directly to VAERS. VAERS phone number: (800) 822-7967. The website address is: www.vaers.hhs.gov.

IX. REFERENCES

1. Merck & Co., Inc. Zostavax® package insert. Available at: www.**merck**.com/product/usa/pi_circulars/z/**zostavax**/**zostavax**_pi.pdf

For more information or to clarify any part of the above order, consult with your health officer or call the Oregon State Public Health Immunization Program at (971) 673-0300.

Visit our website at http://oregon.gov/dhs/ph/imm/index.shtml.
To request this material in an alternate format (e.g., Braille), please call (971) 673-0300.