

2019 Shingles Awareness and Prevention Report

Prepared By

Division of Immunization, Office of Epidemiology

Virginia Department of Health

July 15, 2019

Executive Summary

House Joint Resolution Number 626 of the 2019 Virginia General Assembly requires the Virginia Department of Health (VDH) to submit an annual report regarding actions taken to increase awareness of shingles and shingle prevention. According to the most recent Centers for Disease Control (CDC) data, 47% of Virginians, 65 and older, received the shingles vaccine, which exceeds the national average and the CDC Healthy People 2020 goal of 30%. However, a new and more effective shingles vaccine has since been named the recommended vaccine for shingles prevention by the CDC and the Advisory Committee on Immunization Practices (ACIP). As a result of the increased demand and the reduced production time, Virginians have experienced a delay in the availability of this vaccine. VDH will continue to work with public and private providers to ensure maximum availability of shingles vaccine to Virginians. In addition, VDH will enhance its efforts to communicate with Virginians about the importance of adult vaccinations.

Introduction

Shingles is an illness caused by the varicella zoster virus, the same virus that causes chickenpox. Symptoms of shingles include the appearance of a red rash with blisters, which may be itchy or cause pain. Shingles often appears on certain areas of the skin called dermatomes that are connected to specific nerves. The virus lays dormant inside the nerves in the body after an individual recovers from chickenpox and once reactivated, travels down the nerves and causes the characteristic rash on the surface of the skin (“Clinical Overview,” 2018). Almost one out of every three people in the United States will develop shingles in their lifetime (“About Shingles,” 2018). While shingles cannot be spread from person to person, the virus can be spread from a person with active shingles, via direct contact with the rash blisters, to cause chickenpox in someone who never had chickenpox or the chickenpox vaccine (“Transmission,” 2018).

A complication of shingles, seen in about 10% to 13% of patients, is postherpetic neuralgia (PHN), which may result in severe pain that persists after the rash resolves. Other complications include secondary bacterial infections, meningitis, and pneumonia (“Complications,” 2018).

Because these complications are most common amongst people 40 years and older, the CDC and ACIP recommend that all healthy adults 50 years of age and older get two doses of the shingles vaccine called Shingrix (“Prevention & Treatment,” 2018). The shingles vaccine helps prevent against shingles by ensuring that an adult's immune system can continue to fight off the virus that remains in the body after infection with chickenpox preventing illness and serious complications.

Shingrix is a new vaccine, developed in 2017, but is more than 90% effective at preventing shingles and PHN (“Vaccination,” 2018). Zostavax is a vaccine, which has been used since 2006 for shingles prevention. Although it is no longer the vaccine recommended for shingles prevention, it may still be used to prevent shingles in healthy adults 60 years and older who may be allergic to Shingrix (“Shingles Vaccination,” 2018).

Background

[House Joint Resolution Number 626](#) of the 2019 Virginia General Assembly, requested that VDH increase awareness of shingles and provide education on shingles prevention. According to the [CDC AdultVaxView](#) data from 2017, about 47.2% of Virginia adults 65 years or older received a shingles vaccination in the general population compared to 44.4% national average and CDC Healthy People 2020 goal of 30%. Although Virginia is higher than the national average for shingles vaccination coverage and Healthy People 2020 goal, it is in contrast to the 77.1% of Virginia adults 65 years or older who received the pneumococcal vaccine.

There are several factors to consider about shingles vaccine and the target vaccination population that may contribute to lower vaccine coverage rates. Unlike many important vaccines required for children to attend school, the shingles vaccine is not required for adults. Similarly, this population may not engage with primary care frequently enough to receive education about the benefits of the shingles vaccine, while children visit their primary care physician more often for check-ups and required vaccines. The shingles vaccine is also not as uniformly covered by insurance as childhood vaccines placing more out-of-pocket expense to the person. In addition, there have been supply shortages of the newer, more effective shingles vaccine, Shingrix, since the 2018 ACIP recommendation that Shingrix was preferred for vaccination over Zostavax. These supply shortages have made it difficult for adults who wish to receive the shingles vaccine for both starting and completing the vaccine series.

In Virginia, shingles vaccine is available at private physician offices, pharmacies, federally qualified healthcare centers (FQHCs), and at local health departments. Those insured through private commercial insurance as well as Medicare Part D are able to receive the vaccine with varying out-of-pocket costs depending on their specific health insurance plans. Individuals who are uninsured or underinsured are eligible for vaccine purchased with federal funds as part of CDC's Section 317 Immunization Program. Providers participating in Virginia's immunization registry, the Virginia Immunization Information System (VIIS), record doses administered via an electronic, web-based system that facilitates immunization tracking.

Findings

Doses distributed

VDH purchased and distributed 1,187 doses of Shingrix vaccine in 2018 and 709 doses through May of 2019 (personal communication, July 11, 2019). These doses were distributed to local health departments, FQHCs, free clinics, and other adult immunization sites supported by VDH's Division of Immunization.

In addition, the manufacturer of Shingrix, GlaxoSmithKline (GSK), reported a 181% increase in the number of Shingrix doses distributed to Virginia private sector providers between January-May of 2018 and January-May of 2019 (personal communication, July 11, 2019).

Allocations

The high demand for Shingrix, in addition to manufacturing shortages, has resulted in a limited supply of the preferred shingles vaccine. The manufacturer has placed limits on the amount of vaccine distributed to both public and private providers in order to ensure an equitable distribution of the vaccine across the United States. Providers also prioritize the vaccines for those persons who have already received one dose over those who have not yet started the series.

According to representatives from GSK, the supply of shingles vaccine has “increased dramatically” in 2019, but orders are still experiencing back order status for 3-4 weeks. In comparison, the back order time experienced in 2018 was 2-3 months on average. While supply is increasing, GSK notes that demand has remained steady but anticipates that supply versus demand will “level out” toward the end of 2019.

Outreach

In an effort to educate providers about the changes in ACIP recommendations for shingles vaccine and the resulting shortage in vaccine supply, the VDH Division of Immunization communicated with medical providers across the state through established communication channels including two newsletters and guidance on the VDH Division of Immunization website. Information about the importance of vaccines for adults, including the shingles vaccine, was also posted on the VDH website and social media accounts as part of National Immunization Awareness Month in August 2018.

Recommendations

The following strategies are recommended to ensure the continued availability of shingles vaccine to Virginians:

1. VDH should continue to work with the pharmaceutical manufacturer to place vaccine orders for distribution to public provider vaccination sites such as local health departments, FQHCs, etc.
2. VDH should continue to partner with the GSK and the CDC to monitor the available supply of shingles vaccine and update private and public sector providers of any changes.
3. VDH should create an adult immunization resource page on its website, which will serve as a centralized source of trusted health information about adult vaccinations. This website should include a section with information about the shingles vaccine including the importance of the shingles vaccine for adults and suggested resources where adult Virginians can receive the vaccine.

Conclusion

Vaccination against shingles is an important preventive action for all Virginians aged 50 years and older. The vaccine can help prevent pain and suffering associated with shingles, as well as time lost from work due to illness. Further, the shingles vaccine can help prevent complications that result from shingles such as PHN, pneumonia, and bacterial infections.

After the 2018 ACIP recommendation that a two dose series of Shingrix was the preferred method of vaccinating adults to prevent shingles, significant supply shortages developed as demand for the vaccine outpaced production. The supply shortage resulted in the manufacturer placing allocations on vaccine distribution to both public and private sector providers, making it difficult for consumers to receive the vaccine.

Despite the shortage in shingles vaccine, a substantial amount of doses have been distributed in Virginia for administration to residents. Public and private sector providers have worked to administer vaccine as it has become available. As vaccine supply continues to increase, it is anticipated that the vaccine will become more widely available in the coming months.

VDH will work with public and private providers to ensure maximum availability of shingles vaccine to Virginians. In addition, VDH will enhance its efforts to communicate with Virginians about the importance of adult vaccinations.

References

- Centers for Disease Control and Prevention (2018). 2017 Year Dashboard. Retrieved July 2, 2019 from: <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/nursing-home/dashboard/2017.html>.
- Centers for Disease Control and Prevention (2018). About shingles. Retrieved May 23, 2019 from: <https://www.cdc.gov/shingles/about/overview.html>.
- Centers for Disease Control and Prevention (2018). Complications. Retrieved May 23, 2019 from: <https://www.cdc.gov/shingles/about/complications.html>.
- Centers for Disease Control and Prevention (2018). Prevention & Treatment. Retrieved May 23, 2019 from: <https://www.cdc.gov/shingles/about/prevention-treatment.html>.
- Centers for Disease Control and Prevention (2018). Shingles Vaccination. Retrieved May 23, 2019 from: <https://www.cdc.gov/vaccines/vpd/shingles/public/shingrix/index.html>.
- Centers for Disease Control and Prevention (2018). Transmission. Retrieved May 23, 2019 from: <https://www.cdc.gov/shingles/about/transmission.html>.
- Centers for Disease Control and Prevention (2018). Vaccination. Retrieved May 23, 2019 from: <https://www.cdc.gov/shingles/vaccination.html>.