

MCI Guideline Herpes Zoster Immunization

Zostavax, a herpes zoster vaccine, is a live attenuated virus vaccine indicated for prevention of herpes zoster (shingles). Herpes zoster develops in about 30% of people over a lifetime. In patients over the age of 60, herpes zoster vaccine reduced the risk of shingles by 51% and the risk of post herpetic neuralgia by 67%. Vaccinating 17 people would prevent one case of shingles and vaccinating 31 people would prevent one case of neuralgia (NEJM 2007; 356:1338-43). With the goals of improving patient safety and patient health by increasing immunization rates, Mercy Clinics, Inc. endorses the following recommendations of the Advisory Committee on Immunization Practices (ACIP) regarding Herpes Zoster Vaccine administration:

1. All MCI clinics should stock herpes zoster vaccine and offer a single dose of the vaccine to all adults **at 60 years of age** and older whether or not they report a prior episode of herpes zoster.
2. Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition.
3. Contraindications to the vaccine include:
 - History of anaphylactic/anaphylactoid reaction to gelatin, neomycin or any other component of the vaccine
 - History of primary or acquired immunodeficiency states including leukemia, any lymphomas, HIV/AIDS.
 - Patients on immunosuppressive therapy, including high dose corticosteroids
 - Patients with active untreated tuberculosis
 - Women who are pregnant or may become pregnant
4. Non-Medicare patients may receive the vaccine in the office and have the charges submitted to their insurance
5. Zostavax and its administration are both Medicare Part D benefits. Options for Medicare patients include the following:
 - Medicare patients who receive Zostavax in the office should sign a waiver and are responsible for the full amount unless covered by secondary insurance.
 - Medicare patients may be given a prescription to take to a pharmacy to receive the vaccine, rather than receiving it in the office.
 - MCI FP and IM offices may electronically submit Part D claims by implementing a web-assisted portal

Reference: Department of Health and Human Services Centers for Disease Control and Prevention. October 19, 2007. Recommended Adult Immunization Schedule-United States, October 2007-September 2008. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR October 19, 2007, 56: 41

Variation from this guideline is always acceptable, if in the opinion of the attending physician, individual circumstances require it.