ATAGI recommendation for the use of Shingrix versus Zostavax in immunocompetent adults aged ≥50 years

For immunocompetent adults aged ≥50 years Shingrix recombinant herpes zoster (HZ) vaccine is preferred over Zostavax for the prevention of HZ and associated complications.

Justification

- Both Shingrix and Zostavax are efficacious in preventing HZ and post-herpetic neuralgia (PHN) in immunocompetent adults.
- There has been no head-to-head comparison of Shingrix and Zostavax to date, and overall certainty of evidence for the relative efficacy and safety of Shingrix compared with Zostavax is low.
- However, for the critical outcome of protection against HZ, there is a moderate level of certainty of a large reduction in HZ with Shingrix compared with Zostavax.
- The evidence for differences in incidence of PHN, serious adverse events and local and systemic reactions between the two vaccines remains very uncertain.
- Therefore, in making its recommendation, the panel also considered the demonstrated efficacy of Shingrix against PHN in different age groups, and its acceptable safety profile, versus placebo.
- Zostavax remains an appropriate alternative for the prevention of HZ and associated complications in immunocompetent adults.

Implementation considerations

- Shingrix requires completion of a two-dose schedule, while Zostavax is a single dose vaccine.
- Zostavax remains funded on the National Immunisation Program for immunocompetent adults aged 70 years, while Shingrix will be available in limited supply, on private prescription only.
- Waning of vaccine efficacy and immunogenicity post vaccination appears to occur at a slower rate for Shingrix compared with Zostavax.
- Given that the incidence of HZ and HZ-related complications increases with age and the duration of longer-term protection is uncertain, decision-making at both a program and an individual level should take into consideration that early vaccination from age 50 years may result in insufficient protection later in life when the risk is higher.
- Before vaccination with Shingrix vaccine, providers should counsel recipients regarding expected local and systemic reactogenicity.
- Shingrix recipients must complete the two-dose schedule for optimal level and duration of protection.
- Zoster vaccine selection in immunocompetent adults should be undertaken on an individual case-by-case basis, taking into consideration availability and accessibility of the two vaccines.

Note: NCIRS is conducting GRADE in support of ATAGI and making pilot results available on the NCIRS website. Please read this document as a supplement to the ATAGI statement on the clinical use of zoster vaccine in older adults.