ATAGI recommendation for the use of Shingrix in immunocompromised adults aged ≥18 years

Immunocompromised adults aged ≥18 years are recommended to receive Shingrix recombinant herpes zoster (HZ) vaccine for the prevention of HZ and associated complications.

Justification

- The live zoster vaccine (Zostavax) is contraindicated in people with significant immunocompromise, making Shingrix the only suitable vaccine for prevention of HZ and associated complications in this population.
- People who are immunocompromised have increased rates of herpes zoster and its complications such as post-herpetic neuralgia (PHN) compared with immunocompetent individuals . HZ can occur at a younger age in immunocompromised individuals. There is also a higher risk of recurrence in immunocompromised people.
- Shingrix has been shown to provide good protection against HZ, PHN and HZ-related hospitalisation in a small number of clinical trials of highly immunocompromised populations (haematopoietic stem cell transplantation and haematological malignancy), including patients aged ≥18 years.
- Vaccine effectiveness studies using observational data on the use of Shingrix, in a general immunocompromised population aged ≥65 years and in individuals being treated for inflammatory bowel disease on immunosuppressant medications aged ≥50 years, have also shown good protection against HZ.
- Shingrix results in a moderate to large increase in local/systemic reactogenicity, compared with placebo, but little to no difference in serious adverse events, immune-mediated disease and unsolicited adverse events.
- The high efficacy of Shingrix against HZ and associated complications outweighs the increase in non-serious adverse events in immunocompromised populations.
- While there is a lack of data on the efficacy of Shingrix in a broader range of immunocompromised groups, trials demonstrate a similarly robust immune response to the vaccine in a range of other immunocompromised populations (HIV, renal transplant, solid organ malignancies receiving immunosuppressant/cytotoxic medications) to support a recommendation for the vaccine's use in immunocompromised populations more generally.

Implementation considerations

- Immunocompromise can result from:
  - congenital or acquired disorders
  - disease
  - immunosuppressive medical treatment (current/recent).
- Situations where the live attenuated vaccine (Zostavax) is contraindicated are detailed here and these patients should be recommended an inactivated [Shingrix] vaccine.
- Before vaccination vaccine providers should counsel recipients regarding expected local and systemic reactogenicity. Vaccine recipients should be encouraged to

complete the two-dose schedule even if they experience non-serious reactogenicity with the first dose.

- Vaccine recipients should be advised of the importance of completing the two-dose schedule for adequate level and duration of protection.
- Duration of protection beyond 2 years is currently uncertain in this population**.**
- Shingrix will be available in limited supply on a private prescription only.

Monitoring and evaluation

- It will be important to monitor second dose uptake in the context of high reactogenicity.
- Active surveillance of vaccine safety should be implemented.

Research priorities

- Evidence for efficacy in a broader range of immunocompromising conditions
- Duration of protection in immunocompromised populations remains unknown