

This material is intended for healthcare professional use only.

# If you could prevent shingles suffering, why wouldn't you?<sup>1</sup>

**Shingles Vaccine Recommendations  
(2024): CDC recommends SHINGREX  
for the prevention of herpes Zoster  
(Shingles and related complications)<sup>2</sup>**

**For protection that lasts up to 10 years<sup>3\*‡</sup>**

Approval Code (No.): BF0472B2872/122024

Invalidation Date: 12/12/2027

PM-EG-SGX-EDTL-240003 | Date of preparation: October 2024



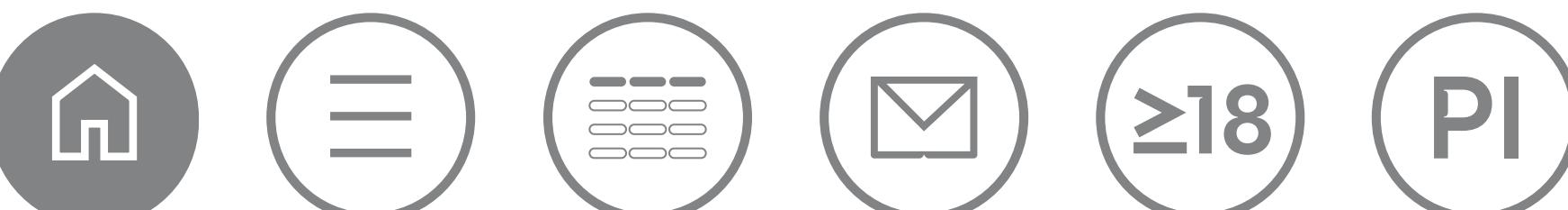
Patient portrayal.

\*As with any vaccine, a protective immune response may not be elicited in all vaccinees.<sup>1</sup>

‡SHINGRIX showed long-term protection in patients aged ≥50 for up to 10 years after vaccination.<sup>3</sup>

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PM-EG-SGX-EDTL-240003 | Date of preparation: October 2024



# Almost all adults $\geq 50$ years old are at risk of shingles,<sup>1</sup> which can be excruciatingly painful<sup>2</sup>

# 99.5%

of adults  $\geq 50$  years old **are infected with the varicella zoster virus.**<sup>2</sup> In 1 out of 3 people, the latent virus reactivates in their lifetime and causes shingles.<sup>2</sup>

10–25% of shingles cases are herpes zoster ophthalmicus, where the rash presents on the patient's face, around the eye.<sup>2</sup>

Patient portrayal.

\*US data;<sup>2</sup> may not be representative of global data.

IMPACT +

RISK FACTORS +

COMPLICATIONS +





## Patients may suffer clinically significant pain that could be long-lasting<sup>1\*†</sup>

In a post hoc analysis of shingles cases in the placebo group from ZOE-50/70 and ZOE-HSCT (N=692):

**~9 in 10** patients experienced clinically significant pain<sup>1\*</sup>

Clinically significant pain lasted for a mean of 2–4 weeks.<sup>1†</sup>

In patients who develop PHN, nerve pain can linger for >90 days after the shingles rash and can persist for years.<sup>2</sup>

**'... I never felt pain like this, never, never.'**<sup>3‡#</sup> – Patient ≥50 years old with PHN

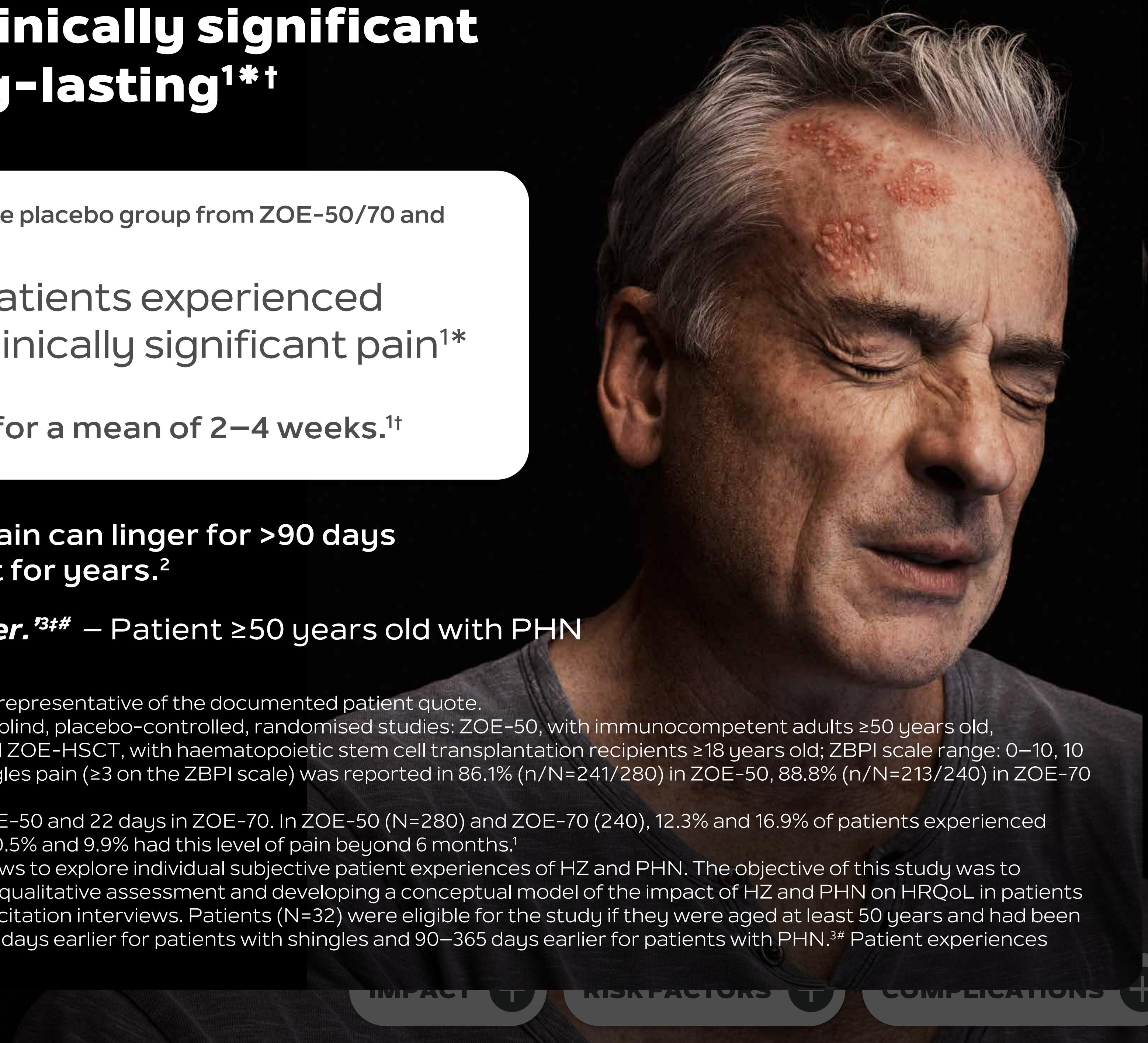
Patient imagery is for illustrative purposes only and is not representative of the documented patient quote.

\*Data from a post hoc analysis of three phase III, observer-blind, placebo-controlled, randomised studies: ZOE-50, with immunocompetent adults ≥50 years old, ZOE-70, with immunocompetent adults ≥70 years old, and ZOE-HSCT, with haematopoietic stem cell transplantation recipients ≥18 years old; ZBPI scale range: 0–10, 10 being the worst imaginable pain. Clinically significant shingles pain (≥3 on the ZBPI scale) was reported in 86.1% (n/N=241/280) in ZOE-50, 88.8% (n/N=213/240) in ZOE-70 and 86.6% (n/N=149/172) in ZOE-HSCT.<sup>1</sup>

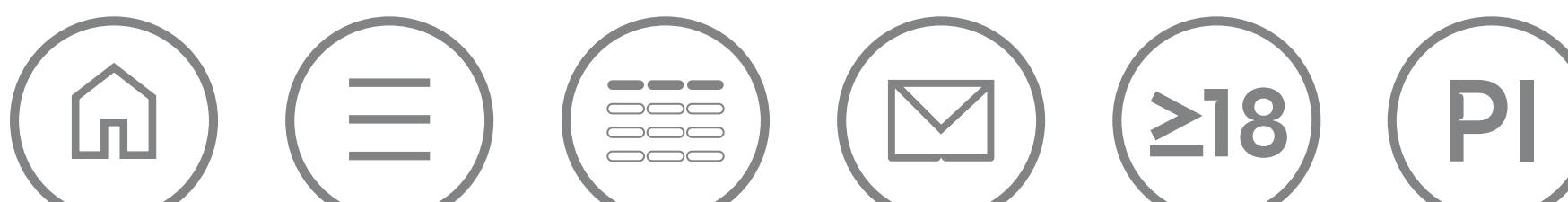
<sup>1</sup>Clinically significant pain lasted for a mean of 17 days in ZOE-50 and 22 days in ZOE-70. In ZOE-50 (N=280) and ZOE-70 (240), 12.3% and 16.9% of patients experienced clinically significant pain beyond 3 months, respectively. 10.5% and 9.9% had this level of pain beyond 6 months.<sup>1</sup>

<sup>2</sup>A cross-sectional qualitative study used in-depth interviews to explore individual subjective patient experiences of HZ and PHN. The objective of this study was to explore the impact of HZ on quality of life by conducting a qualitative assessment and developing a conceptual model of the impact of HZ and PHN on HRQoL in patients aged 50 years and older living in Canada, using concept elicitation interviews. Patients (N=32) were eligible for the study if they were aged at least 50 years and had been diagnosed with shingles by a healthcare practitioner 7–60 days earlier for patients with shingles and 90–365 days earlier for patients with PHN.<sup>3‡#</sup> Patient experiences may vary.

<sup>1</sup>US data;<sup>2</sup> may not be representative of global data.



IMPACT RISK FACTORS COMPLICATIONS



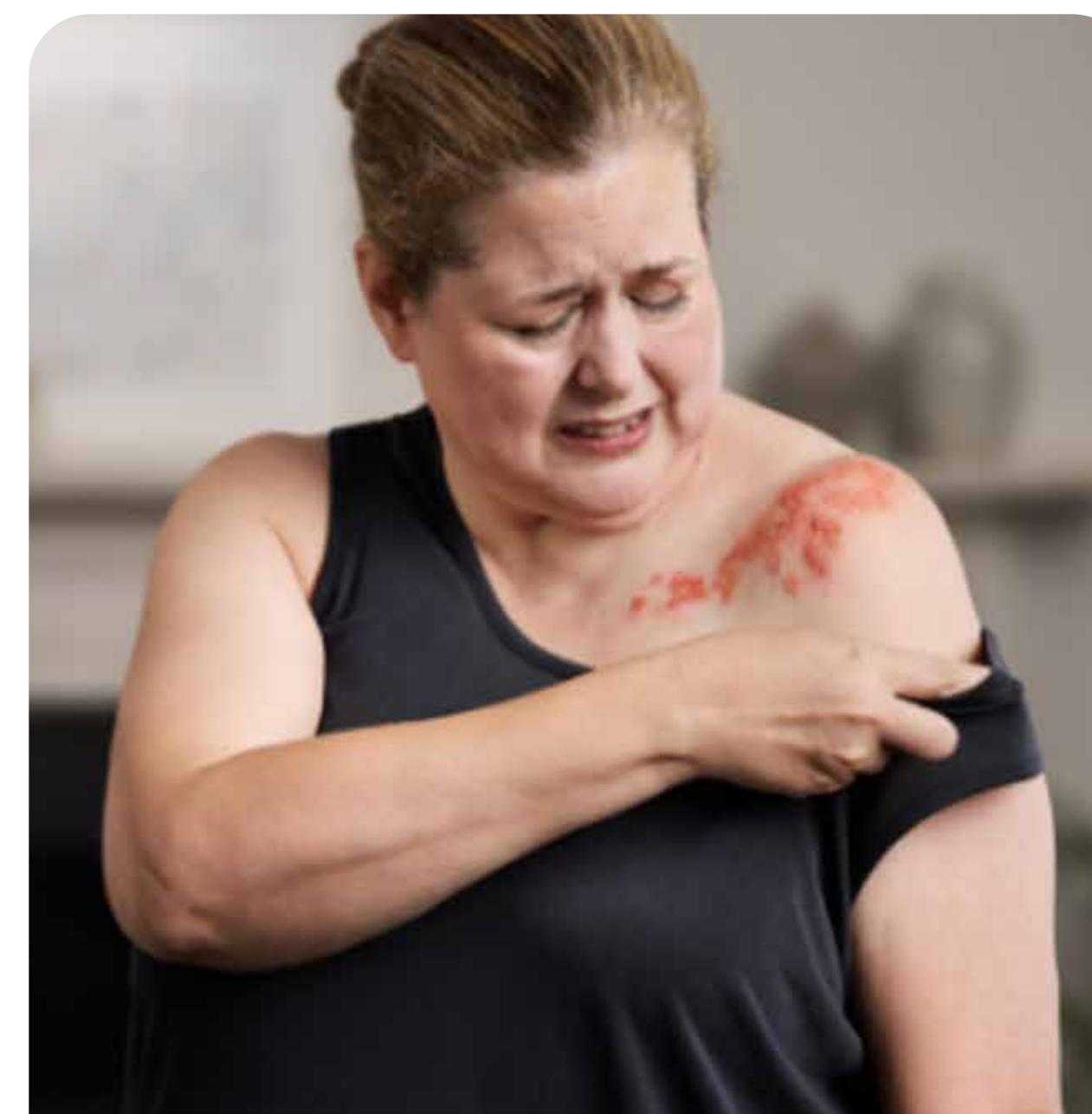
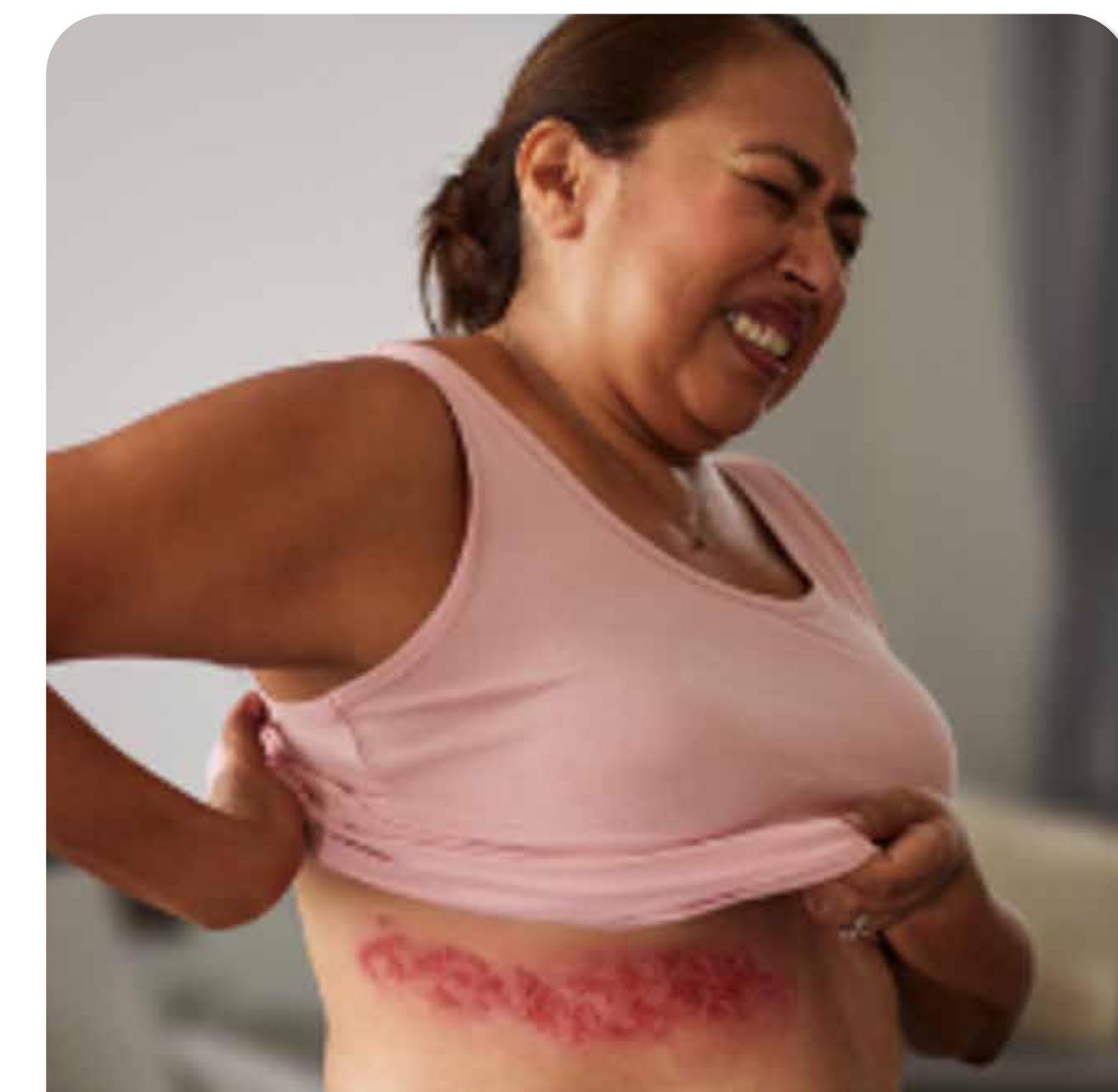
PAIN

DESCRIPTIONS

QUALITY OF LIFE

X

## Patients have described shingles pain as:

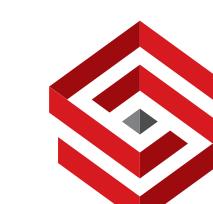
**Burning** ▼**Stabbing** ^**Electric shock** ▲

Patient imagery is for illustrative purposes only and is not representative of the documented patient quotes.

\*A cross-sectional qualitative study used in-depth interviews to explore individual subjective patient experiences of HZ and PHN. The objective of this study was to explore the impact of HZ on quality of life by conducting a qualitative assessment and developing a conceptual model of the impact of HZ and PHN on HRQoL in patients aged 50 years and older living in Canada, using concept elicitation interviews. Patients (N=32) were eligible for the study if they were aged at least 50 years and had been diagnosed with shingles by a healthcare practitioner 7–60 days earlier for patients with shingles and 90–365 days earlier for patients with PHN.<sup>3#</sup> Patient experiences may vary.

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IMPACT + RISK FACTORS + COMPLICATIONS +



PAIN

DESCRIPTIONS

QUALITY OF LIFE

X

## Patients have described shingles pain as:

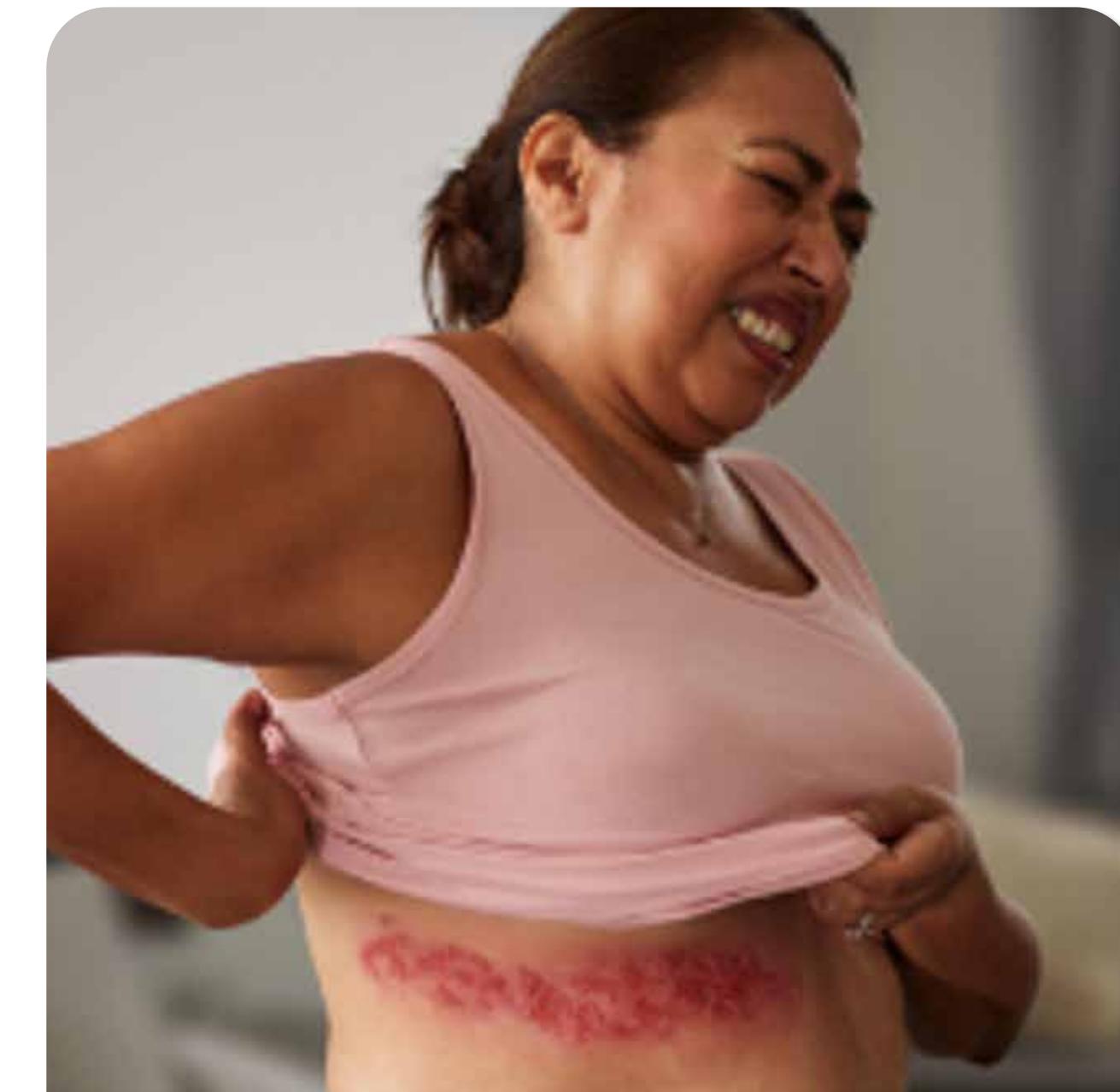
*'The only way I could really explain it... is if somebody takes a blowtorch and puts it on your body.'*<sup>3\*#</sup>

Patient ≥50 years old with shingles

Burning ▼



Stabbing ▲



Electric shock ▲

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IMPACT + RISK FACTORS + COMPLICATIONS +



PAIN

DESCRIPTIONS

QUALITY OF LIFE

X

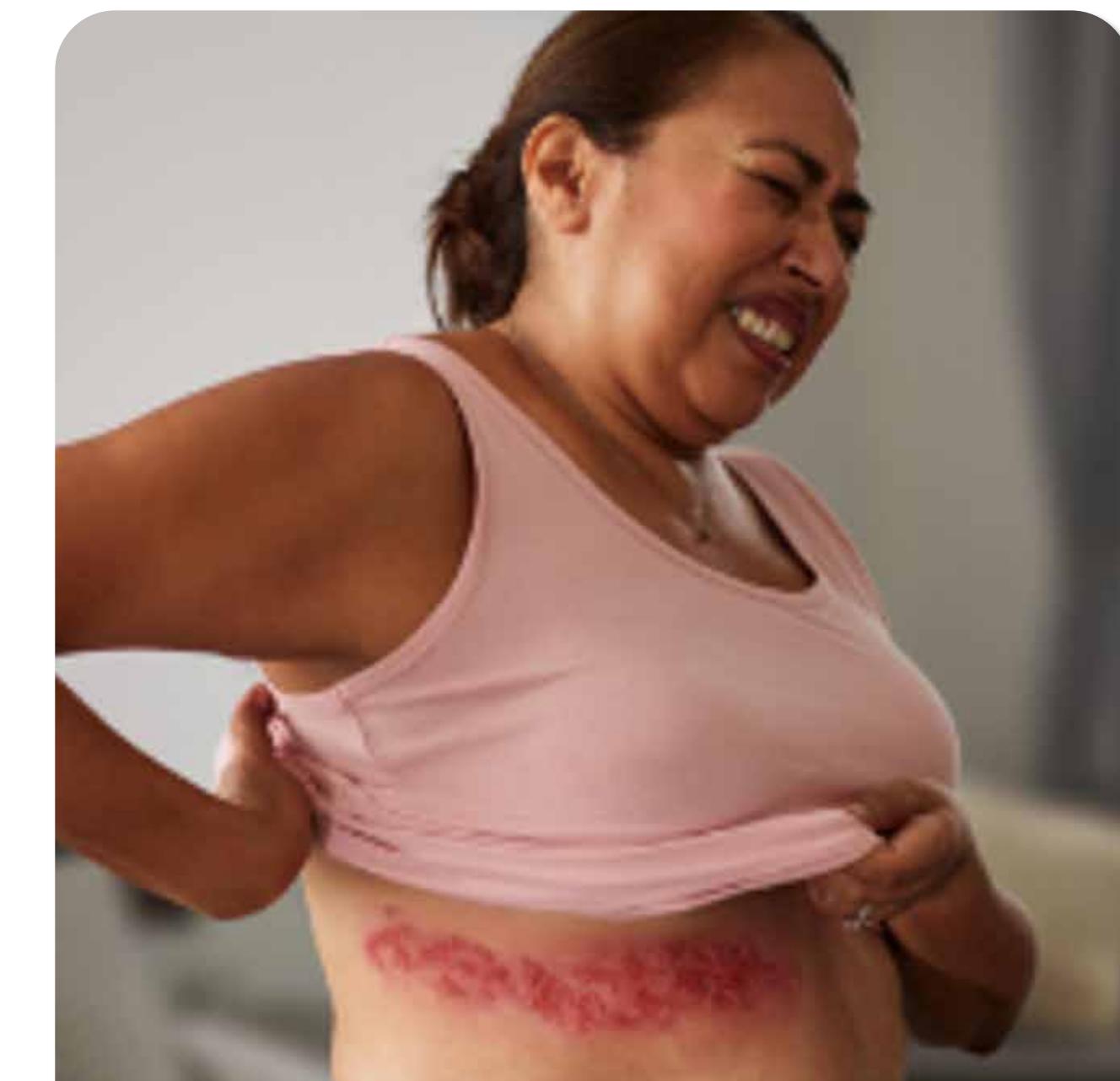
## Patients have described shingles pain as:



**Burning**

*'Sometimes I'd be just sitting there and then suddenly it felt like someone's poking a knife...'<sup>3\*\*#</sup>*

Patient ≥50 years old with shingles



**Electric shock**

**Stabbing**

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\*A cross-sectional qualitative study used in-depth interviews to explore individual subjective patient experiences of HZ and PHN. The objective of this study was to explore the impact of HZ on quality of life by conducting a qualitative assessment and developing a conceptual model of the impact of HZ and PHN on HRQoL in patients aged 50 years and older living in Canada, using concept elicitation interviews. Patients (N=32) were eligible for the study if they were aged at least 50 years and had been diagnosed with shingles by a healthcare practitioner 7–60 days earlier for patients with shingles and 90–365 days earlier for patients with PHN.<sup>3#</sup> Patient experiences may vary.

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IMPACT RISK FACTORS COMPLICATIONS





PAIN

DESCRIPTIONS

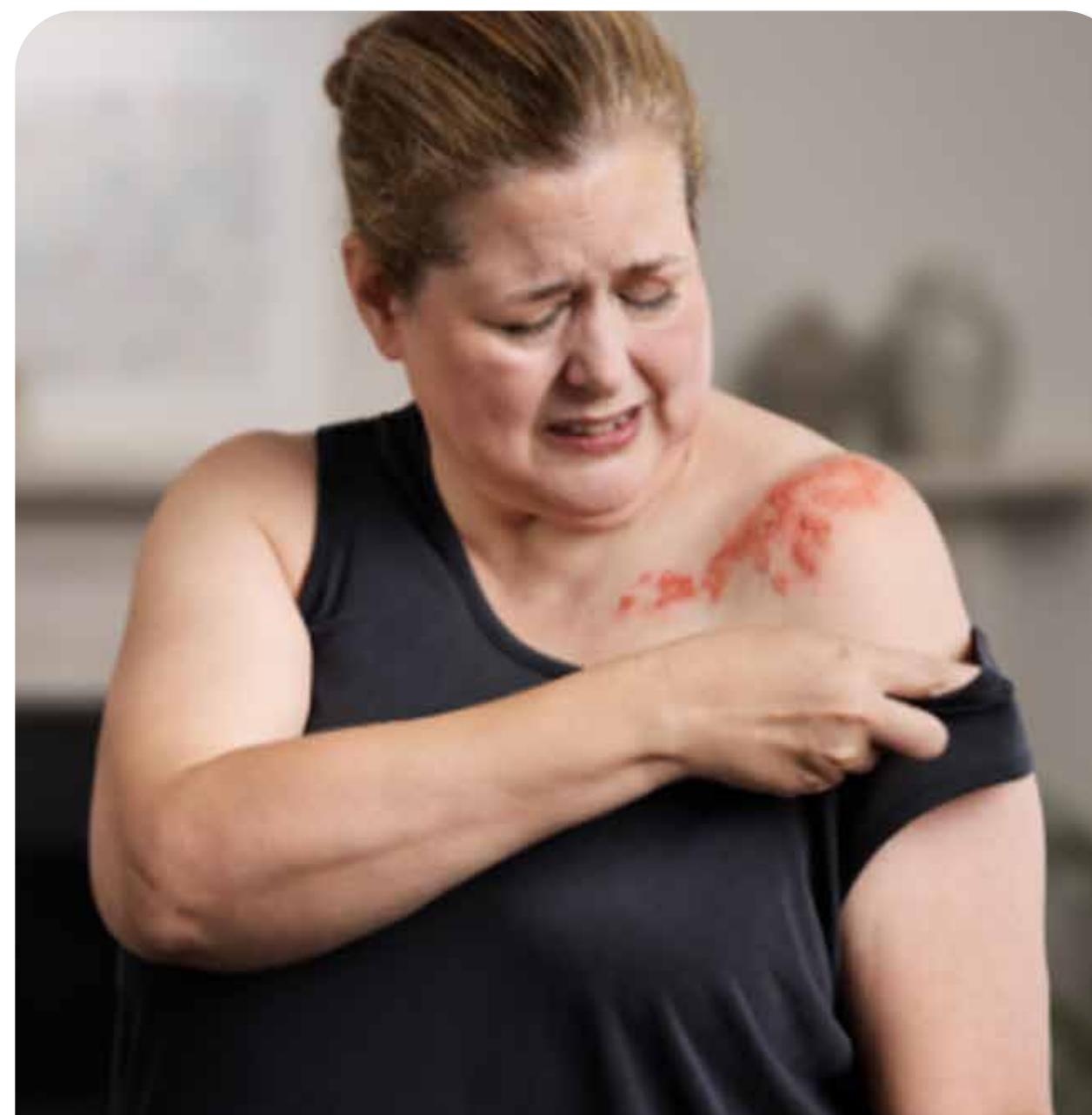
QUALITY OF LIFE



## Patients have described shingles pain as:



**Burning**



**Stabbing**

*'Like having an electrifying part of the wire wrapped around your middle and... it was being bolted with 100 gazillion volts.'<sup>3\*</sup>#*

Patient ≥50 years old with PHN

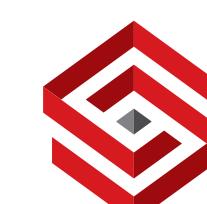
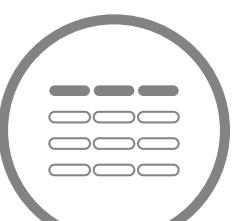
**Electric shock**

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IMPACT RISK FACTORS COMPLICATIONS



## Shingles pain can disrupt your patients' lives<sup>3</sup>

### Activities of daily life



### Sleep



### Physical functioning



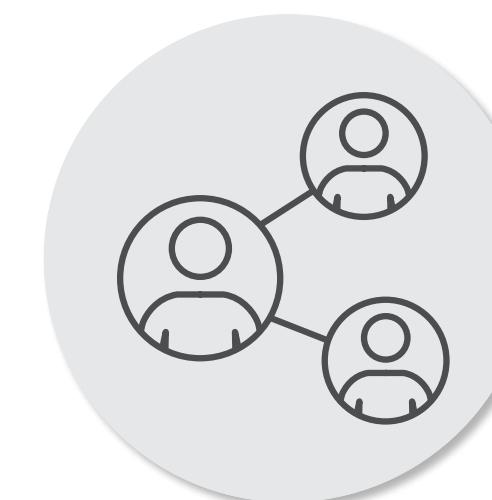
**97%**

of patients reported an impact on **activities of daily life**, such as ability to get dressed (n=31/32)<sup>3\*</sup>

### Cognitive functioning



### Social functioning



### Emotional functioning



\*A cross-sectional qualitative study used in-depth interviews to explore individual subjective patient experiences of HZ and PHN. The objective of this study was to explore the impact of HZ on quality of life by conducting a qualitative assessment and developing a conceptual model of the impact of HZ and PHN on HRQoL in patients aged 50 years and older living in Canada, using concept elicitation interviews. Patients (N=32) were eligible for the study if they were aged at least 50 years and had been diagnosed with shingles by a healthcare practitioner 7–60 days earlier for patients with shingles and 90–365 days earlier for patients with PHN. 32 patients participated, with a mean age of 61 years.<sup>3</sup>

<sup>2</sup>US data;<sup>2</sup> may not be representative of global data.

IMPACT RISK FACTORS COMPLICATIONS



## Shingles pain can disrupt your patients' lives<sup>3</sup>

Activities of daily life



**Sleep**



Physical functioning



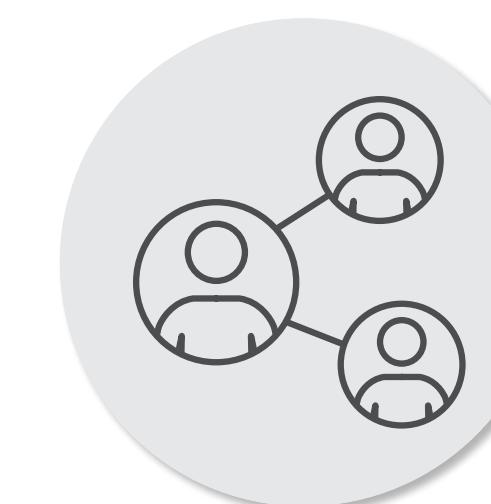
**91%**

of patients reported an impact on **sleep**, such as sleep interruption (n=29/32)<sup>3\*</sup>

Cognitive functioning



Social functioning



Emotional functioning



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IMPACT + RISK FACTORS + COMPLICATIONS +



## Shingles pain can disrupt your patients' lives<sup>3</sup>

Activities of daily life



Sleep



**Physical functioning**



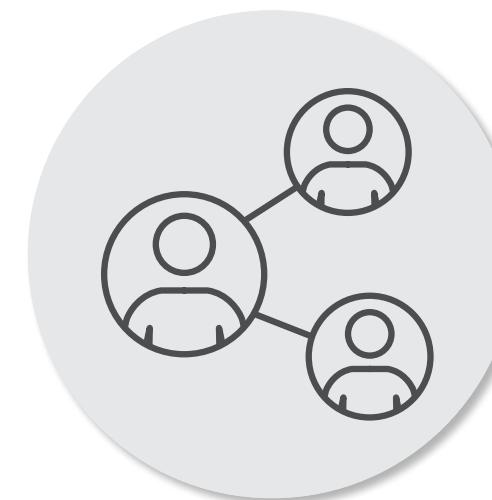
**78%**

of patients reported an impact on **physical functioning**, such as difficulty with movement (n=25/32)<sup>3\*</sup>

Cognitive functioning



Social functioning



Emotional functioning



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IMPACT RISK FACTORS COMPLICATIONS



## Shingles pain can disrupt your patients' lives<sup>3</sup>

Activities of daily life



Sleep



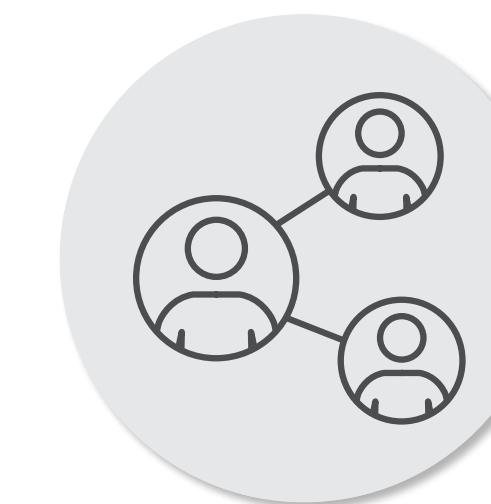
Physical functioning



Cognitive functioning



Social functioning



**Emotional functioning**

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IMPACT + RISK FACTORS + COMPLICATIONS +



## Shingles pain can disrupt your patients' lives<sup>3</sup>

Activities of daily life



Sleep



Physical functioning

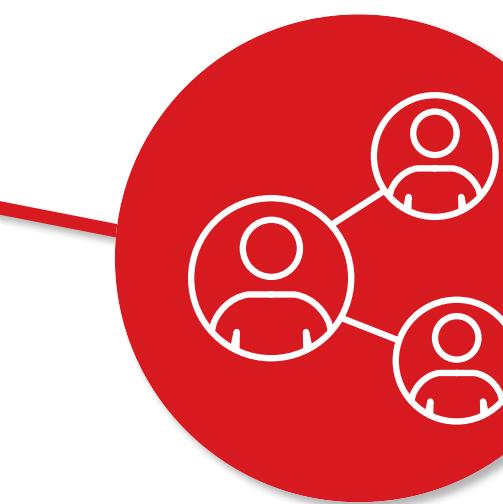


**63%**

of patients reported an impact on **social functioning**, such as social isolation (n=20/32)<sup>3\*</sup>



Cognitive functioning



**Social functioning**



Emotional functioning

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IMPACT + RISK FACTORS + COMPLICATIONS +



## Shingles pain can disrupt your patients' lives<sup>3</sup>

Activities of daily life



Sleep



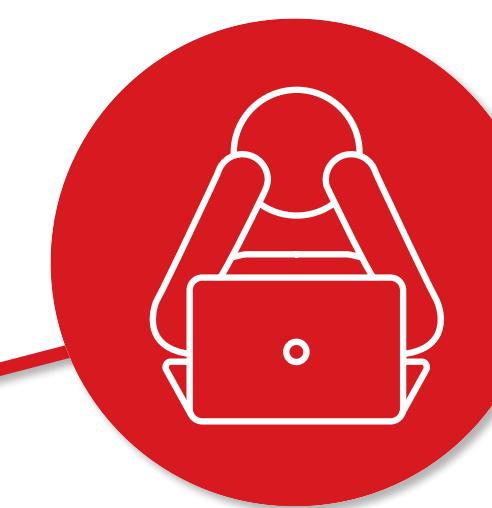
Physical functioning



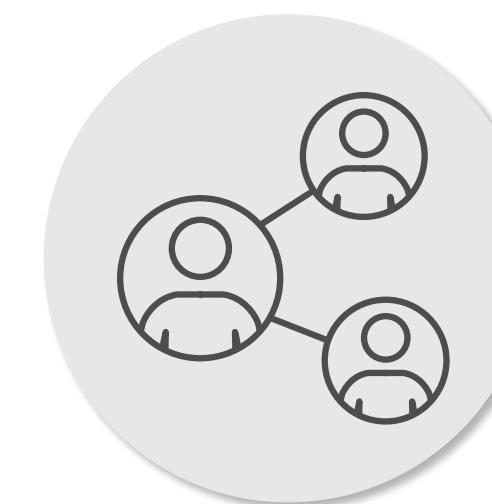
**28%**

of patients reported an impact on **cognitive functioning**, such as ability to concentrate (n=9/32)<sup>3\*</sup>

**Cognitive functioning**



Social functioning



Emotional functioning



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IMPACT RISK FACTORS COMPLICATIONS





PAIN

DESCRIPTIONS

QUALITY OF LIFE



# Patients may suffer clinically significant pain



## Definitions

HSCT, haematopoietic stem cell transplantation; PHN, postherpetic neuralgia; ZBPI, Zoster Brief Pain Inventory.

## References

- Curran D, Matthews S, Boutry C, et al. Natural history of herpes zoster in the placebo groups of three randomized phase III clinical trials. *Infect Dis Ther.* 2022;11(6):2265–2277.
- Harpaz R, Ortega-Sanchez IR, Seward JF. Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep.* 2008;57(RR-5):1–30.
- Van Oorschot D, McGirr A, Goulet P, et al. A cross-sectional concept elicitation study to understand the impact of herpes zoster on patients' health-related quality of life. *Infect Dis Ther.* 2022;11:501–516.

Patient

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Patient ex

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quality or life in adults ≥50 years old in Canada (N=32). Patients were eligible for the study if they were aged at least 50 years and had been diagnosed with shingles by a healthcare practitioner 7–60 days earlier for patients with shingles and 90–365 days earlier for patients with PHN.<sup>3</sup> Patient experiences may vary.

†Adolescents aged 12–17 years.

\*US data;<sup>2</sup> may not be representative of global data.

IMPACT

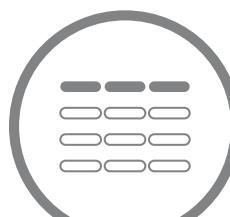
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RISKFACTORS

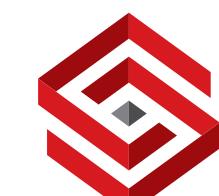
+

COMPLICATIONS

+



14



**SHINGRIX** **GSK**  
 (ZOSTER VACCINE RECOMBINANT, ADJUVANTED)  
 Powder and suspension for suspension for IM Injection



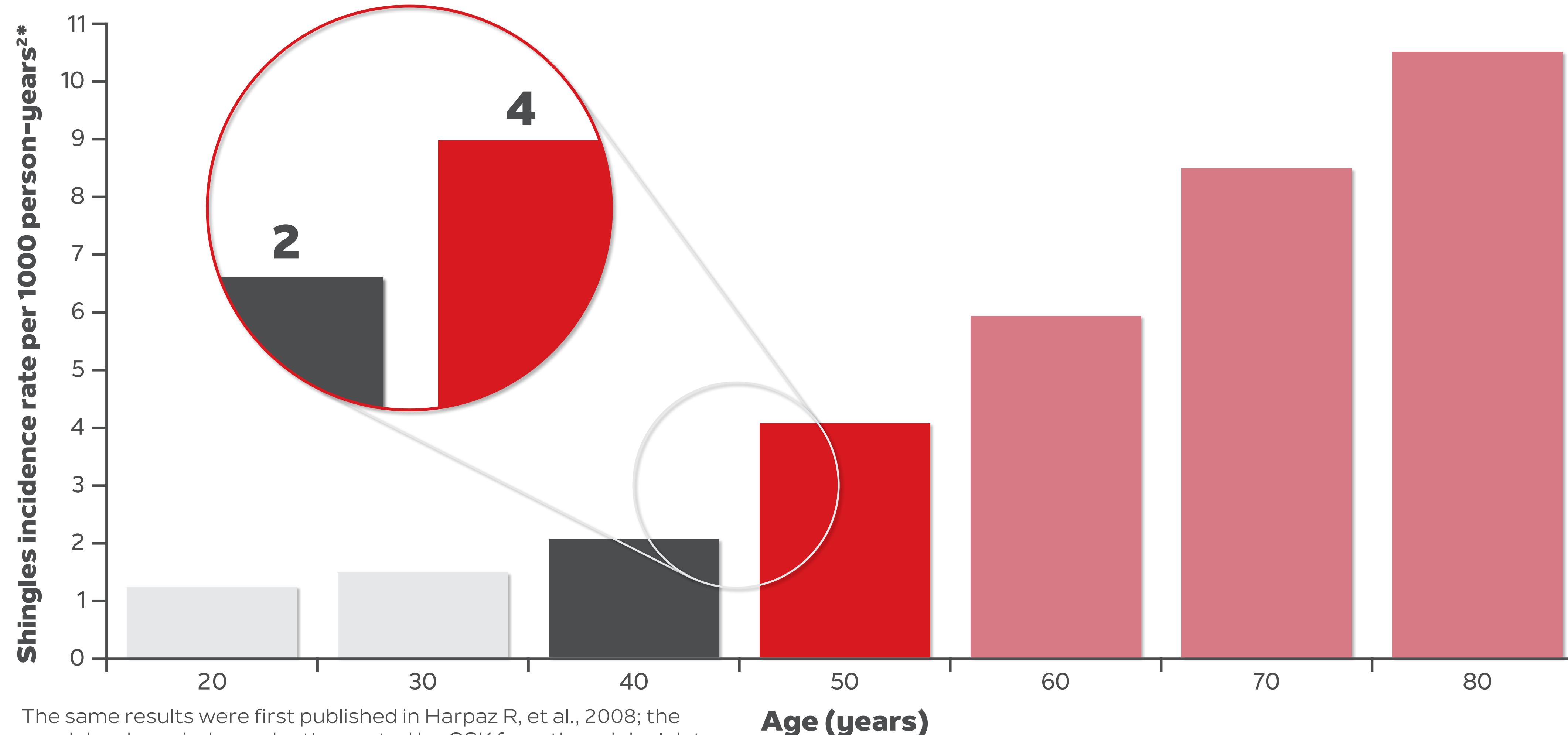
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## AGE

## COMORBIDITIES



**At 50 years of age, your patients' risk of shingles sharply increases<sup>1</sup>**



The same results were first published in Harpaz R, et al., 2008; the graph has been independently created by GSK from the original data.

\*US data;<sup>2</sup> may not be representative of global data.

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IMPACT RISKFACTORS COMPLICATIONS



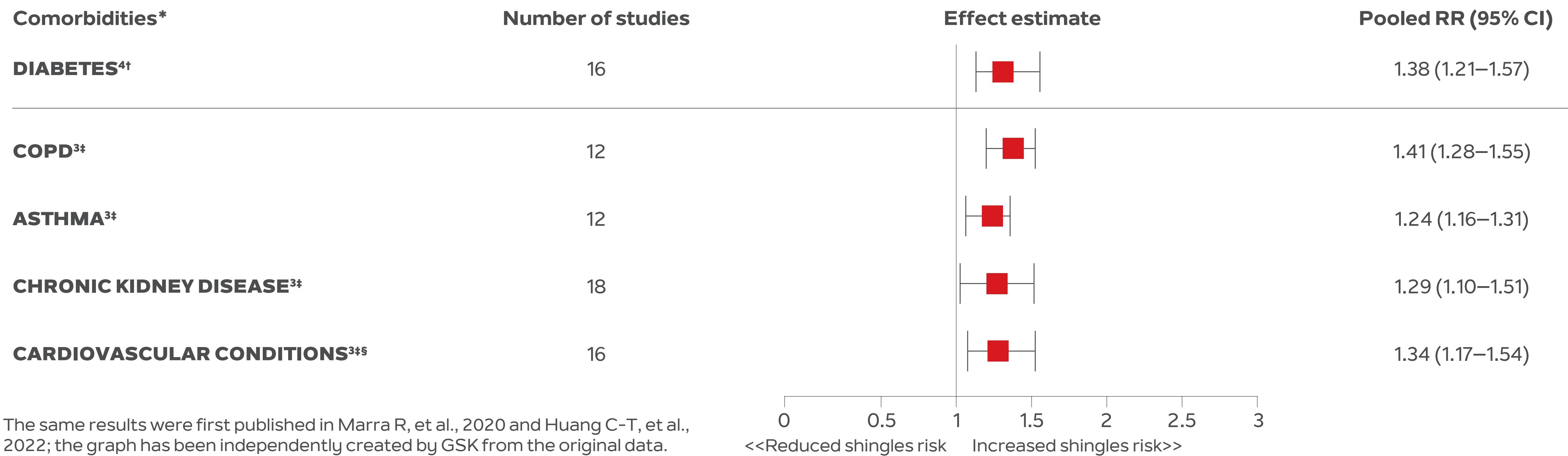


AGE

COMORBIDITIES



## Common comorbidities can increase the risk of shingles<sup>3</sup>



\*List of risk factors is not exhaustive.<sup>3</sup>

<sup>†</sup>Systematic review and meta-analysis of 16 studies (4 case-control and 12 cohort studies. 868,582 shingles cases; total population with diabetes mellitus: 65,541,845) that investigated the risk of shingles among non-diabetic and diabetic adults aged ≥18 years old (diabetes mellitus type 1 or 2 only) vs the general population. Study populations varied widely (range: n=750–51,000,000 adults; median: 272,690 individuals), as did the follow-up periods (range: 1.5–12 years; median: 5 years).<sup>4</sup> Absolute risk and incidence rate point estimates not provided in publication.

<sup>‡</sup>Pooled results from a meta-analysis of 18 risk factors for shingles across 88 observational studies (N=198,751,846 total, with 3,768,691 shingles cases) in patients aged 3 months to 104 years old (median age not reported).<sup>3</sup> Incidence rate or absolute risk not provided in publication. Controls varied between individual studies (general population or subjects without the disease).

<sup>§</sup>The pathological mechanism behind the risk increase is not reported.

OVERVIEW

DIABETES

COPD

ASTHMA

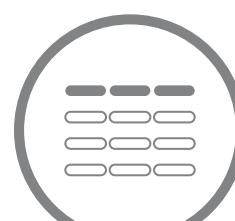
CHRONIC KIDNEY DISEASE

CARDIOVASCULAR CONDITIONS

IMPACT

RISK FACTORS

COMPLICATIONS

US data;<sup>2</sup> may not be representative of global data.

AGE

COMORBIDITIES

X

## Diabetes can increase the risk of shingles<sup>4</sup> and its complications<sup>5</sup>

**38%**  
increased risk of shingles  
in patients with **diabetes**  
vs controls  
(meta-analysis; RR: 1.38;  
95% CI: 1.21–1.57)<sup>4\*</sup>

**19%**  
increased risk of PHN  
(Postherpetic neuralgia)  
in patients with **diabetes**  
who develop shingles  
vs controls  
(aOR: 1.19; 99% CI: 1.07–1.33)<sup>5†</sup>

\*Systematic review and meta-analysis of 16 studies (4 case-control and 12 cohort studies. 868,582 shingles cases; total population with diabetes mellitus: 65,541,845) that investigated the risk of shingles among non-diabetic and diabetic adults aged ≥18 years old (diabetes mellitus type 1 or 2 only) vs the general population. Study populations varied widely (range: n=750–51,000,000 adults; median: 272,690 individuals), as did the follow-up periods (range: 1.5–12 years; median: 5 years).<sup>4</sup> Absolute risk and incidence rate point estimates not provided in publication.

†UK observational study using Clinical Practice Research Datalink. Patients with shingles (N=119,413, including 8492 patients with diabetes) diagnosed between January 2000 and December 2011, median age: 61 years of age (interquartile range: 48–72; range: 18–101), of whom 6956 (5.8%) developed PHN (defined as pain persisting for ≥90 days following shingles diagnosis), including 789 patients with diabetes (9.3%). OR for PHN for each comorbidity vs general population adjusted for age, sex, socioeconomic status, HIV, leukaemia, lymphoma, myeloma, haematopoietic stem cell transplantation, other unspecified cellular immune deficiencies, rheumatoid arthritis, systemic lupus erythematosus, inflammatory bowel disease, COPD, asthma, chronic kidney disease, depression, personality disorder, diabetes, recent cancer diagnosis, smoking, BMI category, site of zoster, antivirals, and immunosuppressive therapies.<sup>5</sup>

OVERVIEW

DIABETES

COPD

ASTHMA

CHRONIC KIDNEY DISEASE

CARDIOVASCULAR CONDITIONS

\*US data;<sup>2</sup> may not be representative of global data.

IMPACT RISK FACTORS COMPLICATIONS



AGE

COMORBIDITIES

X

## Chronic obstructive pulmonary disease can increase the risk of shingles<sup>3</sup> and its complications<sup>5</sup>

**41%**  
increased risk of shingles  
in patients with **COPD**  
vs controls  
(meta-analysis; RR: 1.41;  
95% CI: 1.28–1.55)<sup>3\*</sup>

**53%**  
increased risk of PHN  
(Postherpetic neuralgia)  
in patients with **COPD**  
who develop shingles  
vs controls  
(aOR: 1.53; 99% CI: 1.35–1.72)<sup>5†</sup>

\*Pooled results from a meta-analysis of 18 risk factors for shingles across 88 observational studies (N=198,751,846 total, with 3,768,691 shingles cases) in patients aged 3 months to 104 years old (median age not reported); 12 studies estimating RR of shingles in patients with COPD.<sup>3</sup> Incidence rate or absolute risk not provided in publication. Controls varied between individual studies (general population or subjects without the disease).

†UK observational study using Clinical Practice Research Datalink. Patients with shingles (N=119,413, including 5060 patients with COPD) diagnosed between January 2000 and December 2011, median age: 61 years of age (interquartile range: 48–72; range: 18–101), of whom 6956 (5.8%) developed PHN (defined as pain persisting for ≥90 days following shingles diagnosis), including 669 patients with COPD (13.2%). OR for PHN for each comorbidity vs general population adjusted for age, sex, socioeconomic status, HIV, leukaemia, lymphoma, myeloma, haematopoietic stem cell transplantation, other unspecified cellular immune deficiencies, rheumatoid arthritis, systemic lupus erythematosus, inflammatory bowel disease, COPD, asthma, chronic kidney disease, depression, personality disorder, diabetes, recent cancer diagnosis, smoking, BMI category, site of zoster, antivirals, and immunosuppressive therapies.<sup>5</sup>

OVERVIEW

DIABETES

**COPD**

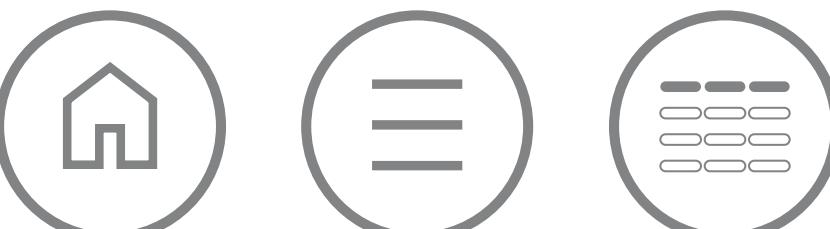
ASTHMA

CHRONIC KIDNEY DISEASE

CARDIOVASCULAR CONDITIONS

\*US data;<sup>2</sup> may not be representative of global data.

IMPACT RISK FACTORS COMPLICATIONS



AGE

COMORBIDITIES



## Asthma can increase the risk of shingles<sup>3</sup> and its complications<sup>5</sup>

**24%**

**increased risk of shingles**

in patients with **asthma**

vs controls

(meta-analysis; RR: 1.24;  
95% CI: 1.16–1.31)<sup>3\*</sup>

**21%**

**increased risk of PHN**

(Postherpetic neuralgia)

in patients with **asthma**  
who develop shingles  
vs controls

(aOR: 1.21; 99% CI: 1.06–1.37)<sup>5†</sup>

\*Pooled results from a meta-analysis of 18 risk factors for shingles across 88 observational studies (N=198,751,846 total, with 3,768,691 shingles cases) in patients aged 3 months to 104 years old (median age not reported); 12 studies estimating RR of shingles in patients with asthma.<sup>3</sup> Incidence rate or absolute risk not provided in publication. Controls varied between individual studies (general population or subjects without the disease).

†UK observational study using Clinical Practice Research Datalink. Patients with shingles (N=119,413, including 8267 patients with asthma) diagnosed between January 2000 and December 2011, median age: 61 years of age (interquartile range: 48–72; range: 18–101), of whom 6956 (5.8%) developed PHN (defined as pain persisting for ≥90 days following shingles diagnosis), including 512 patients with asthma (6.2%). OR for PHN for each comorbidity vs general population adjusted for age, sex, socioeconomic status, HIV, leukaemia, lymphoma, myeloma, haematopoietic stem cell transplantation, other unspecified cellular immune deficiencies, rheumatoid arthritis, systemic lupus erythematosus, inflammatory bowel disease, COPD, asthma, chronic kidney disease, depression, personality disorder, diabetes, recent cancer diagnosis, smoking, BMI category, site of zoster, antivirals, and immunosuppressive therapies.<sup>5</sup>

OVERVIEW

DIABETES

COPD

ASTHMA

CHRONIC KIDNEY DISEASE

CARDIOVASCULAR CONDITIONS

US data;<sup>2</sup> may not be representative of global data.

IMPACT RISK FACTORS COMPLICATIONS



AGE

COMORBIDITIES



## Chronic kidney disease can increase the risk of shingles<sup>3</sup> and its complications<sup>6</sup>

**29%**

**increased risk of shingles**  
in patients with **chronic  
kidney disease** vs controls

(meta-analysis; RR: 1.29;  
95% CI: 1.10–1.51)<sup>3\*</sup>

**27%**

**increased risk of shingles-  
related complications** in patients  
with **chronic kidney disease** who  
develop shingles vs controls  
(aHR: 1.27; 95% CI: 1.14–1.42)<sup>6†</sup>

\*Pooled results from a meta-analysis of 18 risk factors for shingles across 88 observational studies (N=198,751,846 total, with 3,768,691 shingles cases) in patients aged 3 months to 104 years old (median age not reported); 18 studies estimating RR of shingles in patients with chronic kidney disease.<sup>3</sup> Incidence rate or absolute risk not provided in publication. Controls varied between individual studies (general population or subjects without the disease).

<sup>†</sup>Retrospective cohort study with data from the Longitudinal Health Insurance Database 2000 (LHID2000) from the Taiwan National Health Insurance Institute, which contained 1 million beneficiaries randomly selected from insurers in 1996–2008. Study included 99,533 participants, 15,802 with chronic kidney disease. Control group was randomly selected among patients without diagnosis of chronic kidney disease during 1997–2008, frequency-matched on age, sex, and index year based on a 1:4 ratio. HR adjusted for age, diabetes, hypertension, lymphoma, SLE, malignancy, psychosis, and immunosuppressive medication. Incidence of shingles complications per 100 person-years in patients with chronic kidney disease: 0.57 vs 0.46 in control group; 73,518 person-years. Shingles-related complications were defined by the ICD-9 codes 053.0~053.8 or ICD-9 code with prescription of pain relievers<sup>6</sup> (includes the presence of at least one of the following complications: shingles with meningitis, shingles with other nervous system complications, shingles with ophthalmic complications, shingles with other specified complications, shingles with unspecified complication).<sup>7</sup>

OVERVIEW

DIABETES

COPD

ASTHMA

CHRONIC KIDNEY DISEASE

CARDIOVASCULAR CONDITIONS

US data;<sup>2</sup> may not be representative of global data.

IMPACT RISK FACTORS COMPLICATIONS



20



AGE

COMORBIDITIES

X

## Cardiovascular conditions may increase the risk of shingles<sup>3</sup>

**34%**

**increased risk of shingles** in patients with **cardiovascular conditions** vs controls

(meta-analysis; RR: 1.34;  
95% CI: 1.17–1.54)<sup>3\*</sup>

**39%**

**increased risk of shingles** in patients with **cardiovascular disorders** vs controls

(meta-analysis; OR: 1.39;  
95% CI: 1.12–1.73)<sup>8†</sup>

\*Pooled results from a meta-analysis of 18 risk factors for shingles across 88 observational studies (N=198,751,846 total, with 3,768,691 shingles cases) in patients aged 3 months to 104 years old (median age not reported); 16 studies estimating RR of shingles in patients with cardiovascular conditions.<sup>3</sup>

†Pooled results from a meta-analysis of 21 risk factors for shingles across 80 observational studies (N=796,796,295 total, with 10,904,736 shingles cases) in patients aged 3 months to 103 years old (median age of 52.5 years); 11 studies estimating OR of shingles in patients with cardiovascular disorders.<sup>8</sup>

OVERVIEW

DIABETES

COPD

ASTHMA

CHRONIC KIDNEY DISEASE

CARDIOVASCULAR CONDITIONS

US data;<sup>2</sup> may not be representative of global data.

IMPACT

RISK FACTORS

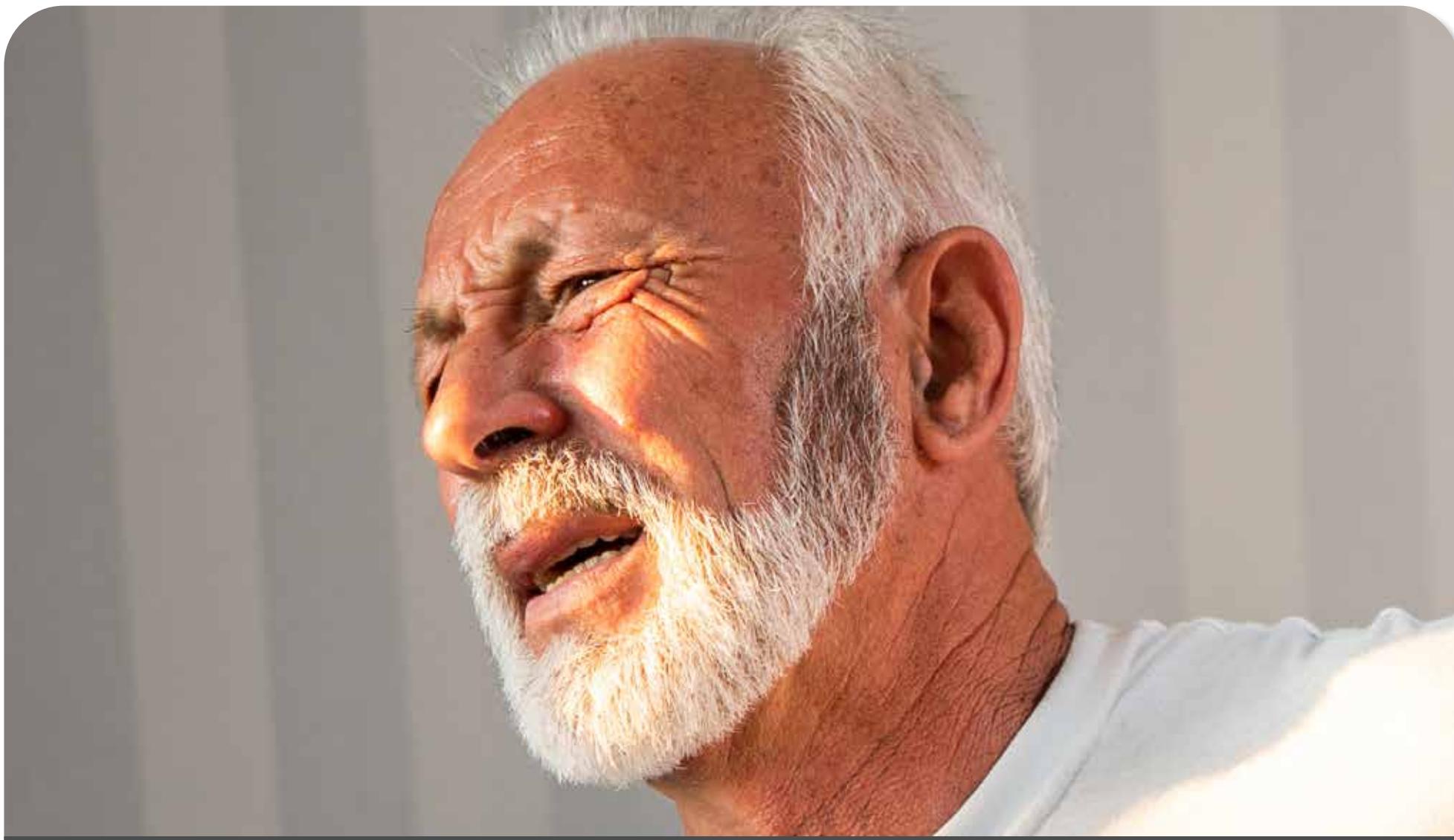
COMPLICATIONS





## 33% of patients with shingles develop a complication<sup>1\*</sup>

**PHN is the most common complication of shingles<sup>2†</sup>**



**Postherpetic neuralgia**

**Patients may develop non-PHN complications such as:<sup>3</sup>**



**Ocular**



**Cutaneous**



**Visceral and neurological**

SHINGRIX is indicated for prevention of herpes zoster (HZ) and HZ-related complications, such as post-herpetic neuralgia (PHN) in adults 50 years of age or older and adults 18 years of age or older at increased risk of HZ.<sup>4</sup>

Patient imagery is for illustrative purposes only.

\*The incidence of VZV complications in the Dutch general practitioner (GP) practices and pharmacies was investigated in a retrospective population-based cohort study (2004–2008) based on longitudinal GP data including free text fields, hospital referral and discharge letters from approximately 165,000 patients. The main objective of this study was to study the primary care incidence, associated complications and health care resource use.<sup>1</sup>

<sup>†</sup>In a systematic review of 130 studies, the risk of PHN in patients with shingles was 5–30% based on 49 studies; estimated risk varied by study design, age distribution of study populations and definitions used for PHN.<sup>2</sup>

**OVERVIEW**

**POSTHERPETIC NEURALGIA**

**OCULAR**

**CUTANEOUS**

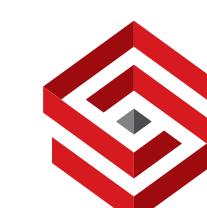
**VASCULAR AND NEUROLOGICAL**

**IMPACT**

**RISK FACTORS**

**COMPLICATIONS** +

\*US data;<sup>2</sup> may not be representative of global data.

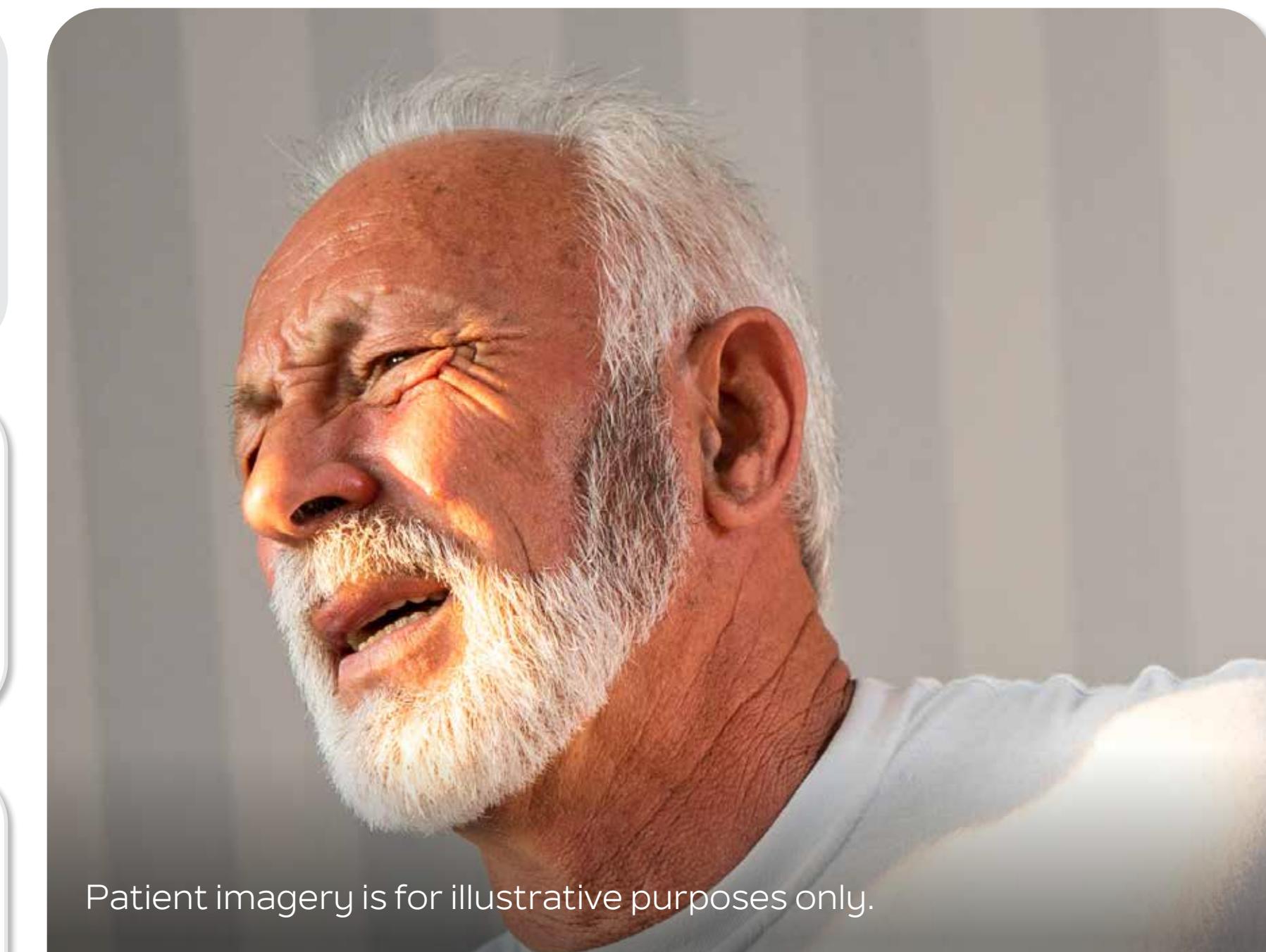


## PHN (Postherpetic neuralgia) can disrupt patients' quality of life<sup>5</sup>

PHN is neuropathic pain that can remain after the shingles rash heals. It can **last for months and occasionally persist for years.**<sup>6</sup>

PHN is **challenging to manage**, and can be **refractory to treatment** for some patients.<sup>7</sup>

**~2 in 3** patients with PHN reported having **anxiety or depression**, in a retrospective study (456/661 and 435/661, respectively).<sup>8\*</sup>



Patient imagery is for illustrative purposes only.

**Patients may describe shingles or PHN pain as 'horrible' or 'excruciating'.<sup>6</sup>**

SHINGRIX is indicated for prevention of herpes zoster (HZ) and HZ-related complications, such as post-herpetic neuralgia (PHN) in adults 50 years of age or older and adults 18 years of age or older at increased risk of HZ.<sup>4</sup>

\*Chinese retrospective study examining clinical medical records of patients with PHN from the Third Affiliated Hospital of Sun Yat-Sen University from 2017 to 2019. (N=661) 69.0% of patients with PHN had anxiety and 65.8% had depression, both assessed with the self-reported Chinese version of the Hospital Anxiety and Depression Scale. The average duration of PHN was 7.0 ( $\pm 1.9$ ) months. This study aimed to investigate the risk factors for anxiety and depressive disorders in patients with PHN.<sup>8</sup>

OVERVIEW

POSTHERPETIC NEURALGIA

OCULAR

CUTANEOUS

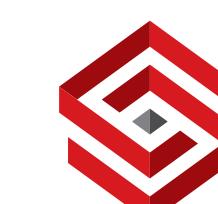
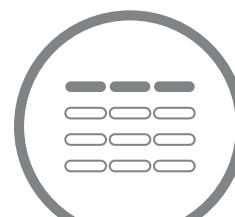
VASCULAR AND NEUROLOGICAL

IMPACT

RISK FACTORS

COMPLICATIONS

\*US data;<sup>2</sup> may not be representative of global data.





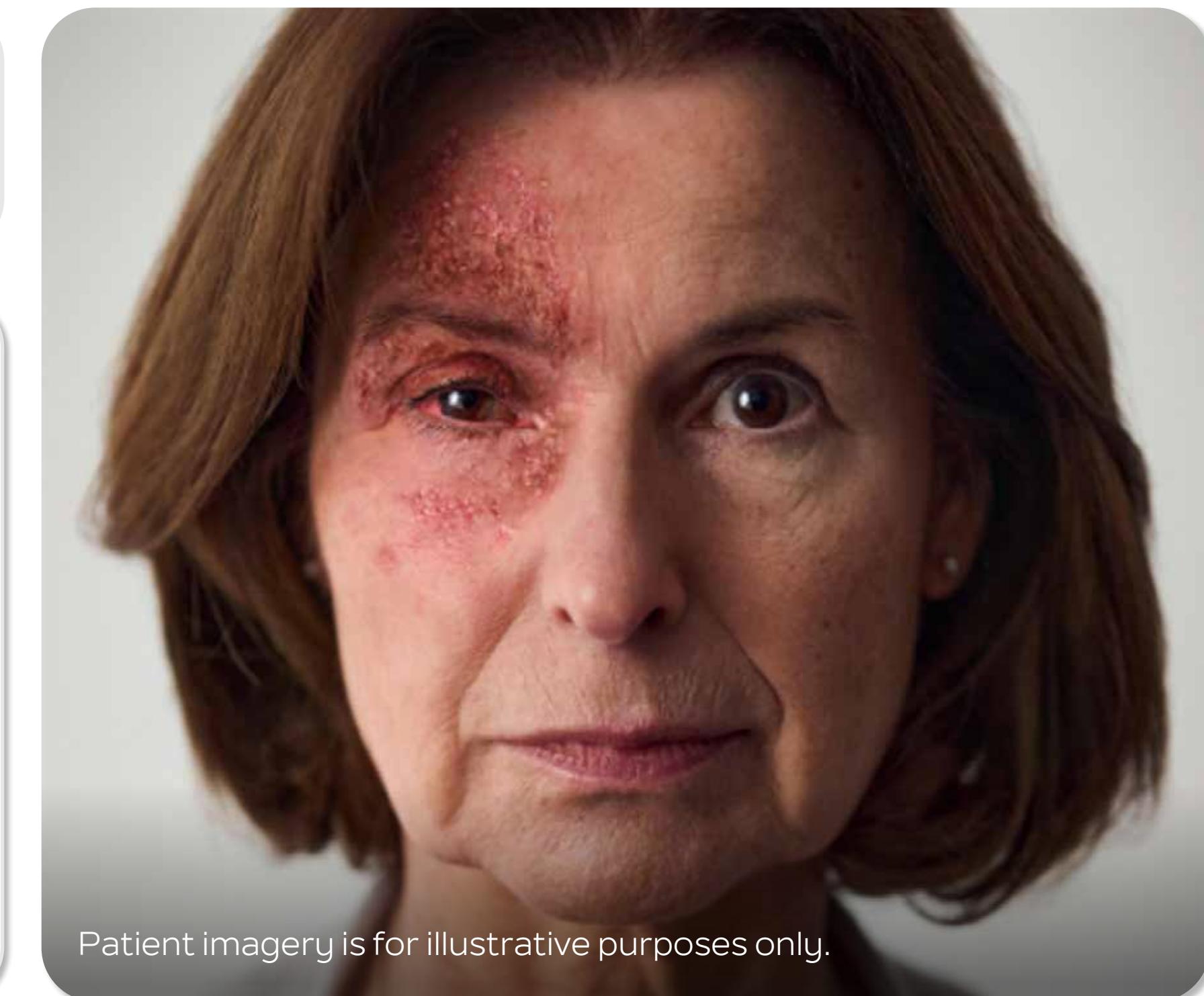
## HZO (Herpes Zoster Ophthalmicus) can have ocular involvement and cause vision loss<sup>9</sup>

Common ocular complications can include **keratitis, uveitis/iritis and conjunctivitis.**<sup>6</sup>

In an observational study from an ophthalmology department:<sup>\*</sup>

**84%** of patients with HZO had **ocular involvement** (737/869).<sup>9†</sup>

**~1 in 10** patients with HZO developed **permanent moderate or severe vision loss** (114/869).<sup>9‡</sup>



SHINGRIX is indicated for prevention of herpes zoster (HZ) and HZ-related complications, such as post-herpetic neuralgia (PHN) in adults 50 years of age or older and adults 18 years of age or older at increased risk of HZ.<sup>4</sup>

\*Retrospective cohort study from New Zealand with 869 patients (median age: 65.5 years) with acute HZO seen in a Department of Ophthalmology from 2006 to 2016; median follow-up: 6.3 years. Participants were included if diagnosed with their first HZO episode with a classic shingles rash in the V1 distribution.<sup>9</sup>

<sup>†</sup>Ocular involvement of HZO defined as any involvement of structures of the eye/globe. Involvement of only the eyelid or only a cranial nerve palsy was not considered ocular involvement.<sup>9</sup>

<sup>‡</sup>Moderate vision loss ( $\leq 20/50$ ) occurred in 170 eyes (19.8% of patients), of which 83 eyes (9.6%) were permanent loss due to HZO. Severe vision loss ( $\leq 20/200$ ) occurred in 64 eyes (7.6% of patients), of which 31 (3.6%) were permanent loss due to HZO.<sup>9</sup>

OVERVIEW

POSTHERPETIC NEURALGIA

OCULAR

CUTANEOUS

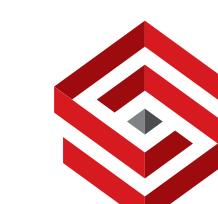
VASCULAR AND NEUROLOGICAL

IMPACT

RISK FACTORS

COMPLICATIONS

<sup>1</sup>US data;<sup>2</sup> may not be representative of global data.





## Cutaneous complications may result from shingles<sup>3\*</sup>

While uncommon, cutaneous complications of shingles include **secondary bacterial skin infections<sup>3</sup>, scarring and pigmentation changes.<sup>6</sup>**

Secondary bacterial skin infections following shingles can include **cellulitis, erysipelas and necrotising fasciitis.<sup>3</sup>**

In some cases, these infections can require **hospitalisation.<sup>10</sup>**

Scarring and pigmentation changes **may be permanent.<sup>6</sup>** They not only affect patients' appearance, but can also affect their **quality of life and self-esteem.<sup>11</sup>**



SHINGRIX is indicated for prevention of herpes zoster (HZ) and HZ-related complications, such as post-herpetic neuralgia (PHN) in adults 50 years of age or older and adults 18 years of age or older at increased risk of HZ.<sup>4</sup>

\*In a UK cohort study using collected, anonymised, primary care data from the UK Clinical Practice Research Datalink, with 178,964 patients with shingles and 1,799,380 sex-, age-, and practice-matched unexposed patients, 0.7% of patients with shingles developed cutaneous complications vs 0.40% of patients without shingles (1231/178,964 vs 7205/1,799,380, respectively; cutaneous complications included were cellulitis, necrotising fasciitis and erysipelas).<sup>3</sup>

OVERVIEW

POSTHERPETIC NEURALGIA

OCULAR

CUTANEOUS

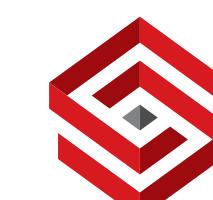
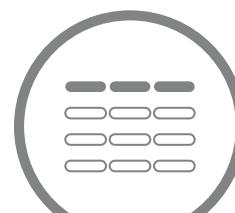
VASCULAR AND NEUROLOGICAL

IMPACT

RISK FACTORS

COMPLICATIONS +

\*US data;<sup>2</sup> may not be representative of global data.





## Shingles can result in neurological complications<sup>6</sup>

Although rare, shingles can lead to vascular complications, including **stroke**, and neurological complications, such as **Ramsay Hunt Syndrome and meningoencephalitis.**<sup>6</sup>

**34%**

**increase in cerebrovascular events risk within 3 months of shingles** vs adults without shingles in a meta-analysis (pooled OR: 1.34; 95% CI: 1.22–1.46)<sup>13\*</sup>

Stroke or MI occurred in 0.7% of adults with shingles within 3 months, vs 0.4% of controls.<sup>14†</sup>

The attributable risk of **Ramsay Hunt Syndrome** was 0.37% in patients with shingles in a matched cohort study (95% CI: 0.34–0.39).<sup>3‡</sup> RHS can cause **facial paralysis** and, in some cases, **hearing loss.**<sup>6</sup>



Facial paralysis, a symptom of RHS.  
Patient imagery is for illustrative purposes only.

SHINGRIX is indicated for prevention of herpes zoster (HZ) and HZ-related complications, such as post-herpetic neuralgia (PHN) in adults 50 years of age or older and adults 18 years of age or older at increased risk of HZ.<sup>4</sup>

\* Pooled odds ratio for fixed and random effects models from systematic review and meta-analysis of 12 studies, including 8 retrospective cohort studies and 3 self-controlled case series, examining a total of 7.9 million patients up to 28 years after shingles onset. Cerebrovascular events included: stroke (non-specified), ischaemic stroke, haemorrhagic stroke, transient ischaemic attack, and composite of stroke and transient ischaemic attack.<sup>13</sup> Incidence rate or absolute risk not provided in publication.

† 0.74% (n/N=33/4478) of shingles cases vs 0.43% (n/N=73/16,800) of controls in a US retrospective population-based study with adults ≥50 years old within 3 months of shingles (mean age: 68.5 years in shingles group vs 67.8 years in controls).<sup>14</sup>

‡ Matched cohort study using collected, anonymised, primary care data from the UK Clinical Practice Research Datalink, including 178,964 adults with shingles and 1,799,380 matched controls. Attributable risk percentage calculated as the difference in cumulative incidence between shingles group and controls. Specific numbers for patients with RHS were not reported.<sup>3</sup>

OVERVIEW

POSTHERPETIC NEURALGIA

OCULAR

CUTANEOUS

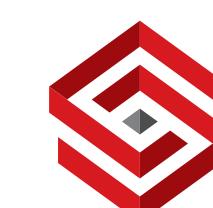
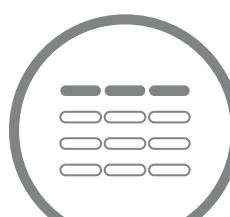
VASCULAR AND NEUROLOGICAL

IMPACT

RISK FACTORS

COMPLICATIONS

\*US data;<sup>2</sup> may not be representative of global data.



# Recommend SHINGRIX<sup>1</sup>

# 97%

**Efficacy against shingles  
in adults  $\geq 50$  years old<sup>2\*</sup>**

**91.3% (95% CI: 86.8–94.5)  
efficacy in adults  
 $\geq 70$  years old<sup>2†</sup>**

97.2% (95% CI: 93.7–99.0)

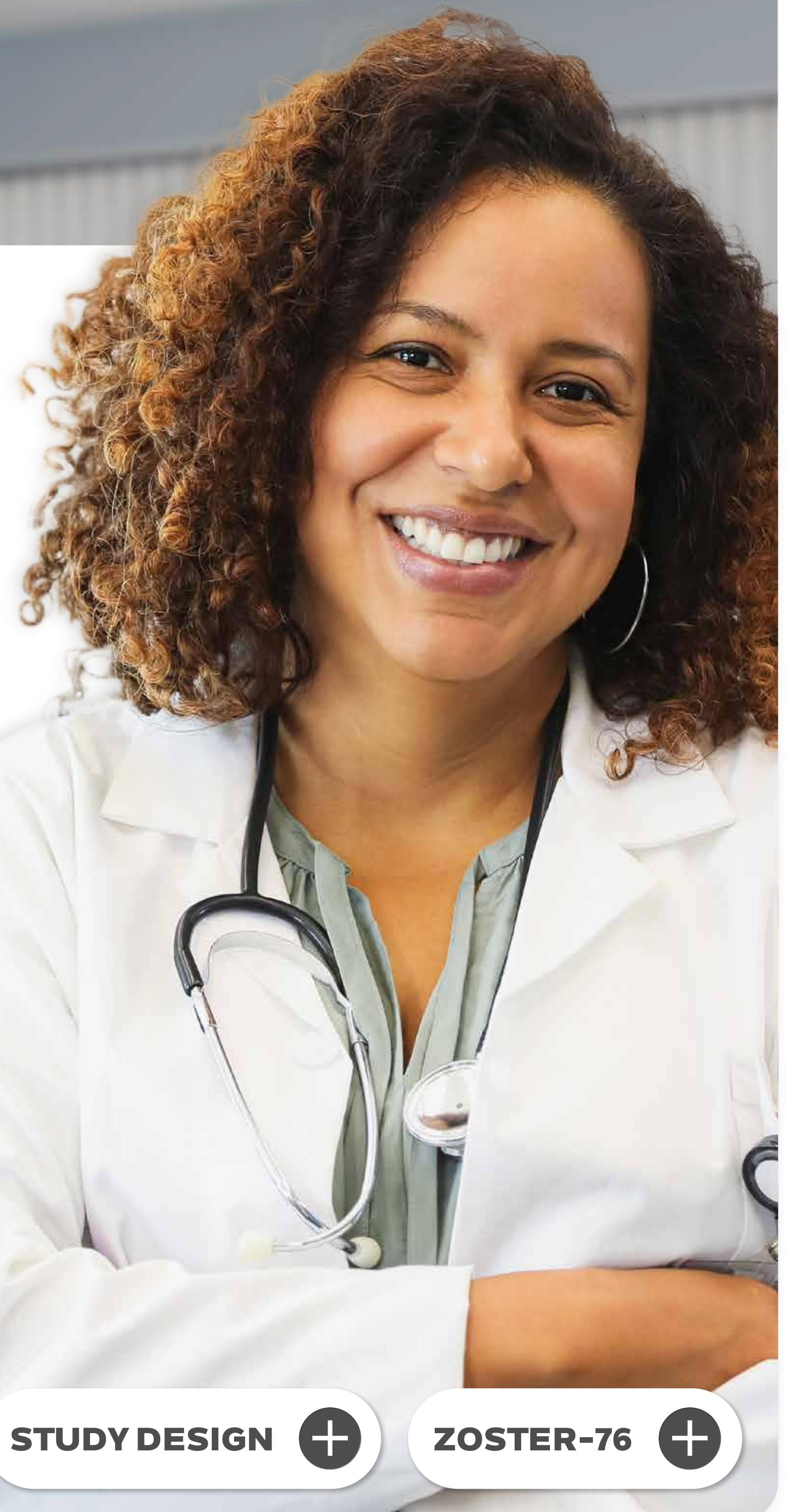
**EFFICACY AGAINST SHINGLES**

**EFFICACY AGAINST PHN**

Healthcare professional portrayal.

\*In ZOE-50, VE against shingles was 97.2% in adults  $\geq 50$  years (SHINGRIX N=7344; placebo N=7415). Median follow-up period of 3.1 years.<sup>2</sup>

†In a pooled analysis of VE against shingles ZOE-50 and ZOE-70 (SHINGRIX N=8250; placebo N=8346). Median follow-up of 4 years.<sup>2</sup>



**STUDY DESIGN** +

**ZOSTER-76** +



By preventing shingles, SHINGRIX reduces the incidence of PHN (Postherpetic neuralgia)<sup>3\*</sup>

**91%**

**Efficacy against PHN in adults  $\geq 50$  years old<sup>3†</sup>**

91.2% (95% CI: 75.9–97.7)

**88%**

**Efficacy against PHN in adults  $\geq 70$  years old<sup>3†</sup>**

88.8% (95% CI: 68.7–97.1)

**EFFICACY AGAINST SHINGLES**

**EFFICACY AGAINST PHN**

\*As with any vaccine, a protective immune response may not be elicited in all vaccinees.<sup>2</sup>

<sup>†</sup>Pooled analysis of ZOE-50 and ZOE-70: primary endpoint: VE against shingles in adults  $\geq 70$  years old: 91.3% (95% CI: 86.8–94.5; SHINGRIX n/N=25/8250; placebo n/N= 284/8346). Co-primary endpoint: VE against PHN in adults  $\geq 70$  years old (SHINGRIX n/N=4/8250; placebo n/N=36/8346). Secondary endpoint: VE against PHN in adults  $\geq 50$  years old (SHINGRIX n/N=4/13,881; placebo n/N=46/14,035). Mean follow-up of 3.8 years. PHN was defined as shingles-associated pain rated as  $\geq 3$  on a 0–10 scale, occurring or persisting for at least 90 days following the onset of rash using the Zoster Brief Pain Inventory questionnaire.<sup>3</sup>

**STUDY DESIGN** +

**ZOSTER-76** +





BURDEN OF DISEASE

**EFFICACY**

LONG-TERM EFFICACY

SAFETY

IN YOUR PRACTICE

PATIENTS TO PROTECT

# Recommend SHINGRIX<sup>1</sup>



## Definitions

CI, confidence interval; PHN, postherpetic neuralgia; VE, vaccine efficacy.

## References

1. Centers for Disease Control and Prevention. Recommended Adult Immunization Schedule for ages 19 years or older, 2024. Available at: <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>. Last accessed July 23, 2024.
2. SHINGRIX Egyptian Drug Authority Approved Prescribing Information Approval Date 11-9-2023. Version number: GDS07/IPI02.
3. Cunningham AL, Lal H, Kovac M, et al. Efficacy of the herpes zoster subunit vaccine in adults 70 years of age or older. *N Engl J Med.* 2016;375(11):1019–1032.

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EFFI

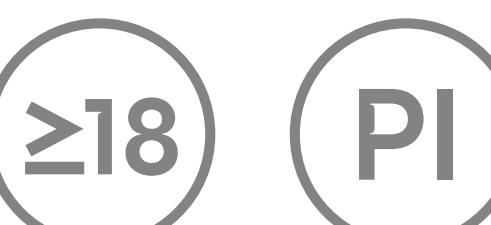
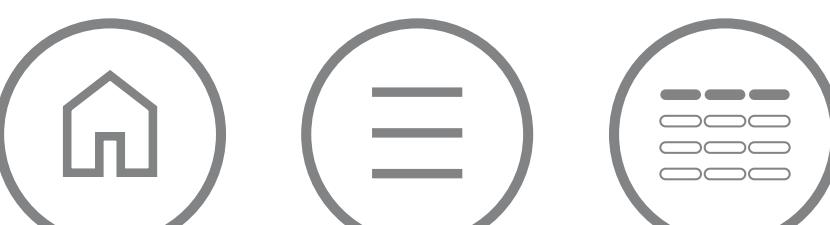
Healthc

\*In ZOE-50, median follow-up of 4 years.<sup>2</sup>  
follow-up period of 3.1 years.<sup>2</sup>

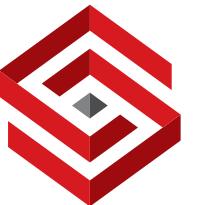
†In a pooled analysis of VE against shingles ZOE-50 and ZOE-70 (SHINGRIX N=8250; placebo N=8346).  
Median follow-up of 4 years.<sup>2</sup>

STUDY DESIGN +

ZOSTER-76 +



29

 **SHINGRIX**   
(ZOSTER VACCINE RECOMBINANT, ADJUVANTED)  
Powder and suspension for  
suspension for IM Injection

BF0472B2872/122024  
12/12/2024

**ZOSTER-76****STUDY DESIGN**

**The efficacy results of ZOSTER-76 were consistent with those observed in the ZOE-50/70 trials<sup>1</sup>**

**ZOSTER-76 Phase IV: mainland China<sup>1</sup>**

**100%**

(95% CI: 89.8–100)

**Efficacy against shingles in Chinese adults  $\geq 50$  years old<sup>1\*</sup>**

**The safety profile of SHINGRIX in ZOSTER-76 was consistent with the one observed in the ZOE-50/70 trials.<sup>1†</sup>**

\*As with any vaccine, a protective immune response may not be elicited in all vaccinees.<sup>2</sup> In ZOSTER-76, VE against shingles mES: confirmed HZ cases (n/N): SHINGRIX (0/2965), placebo (31/2991). Patients were followed up for at least 12 months post-second-dose vaccination. Efficacy data was based on primary endpoint results in the trial.<sup>1</sup>

<sup>†</sup>In ZOSTER-76, solicited local and general AEs occurring within 7 days post any vaccination were more frequent in the SHINGRIX group than in the placebo group. The median duration of solicited AEs was  $\leq 3$  days for both groups. The most frequently reported solicited AEs with SHINGRIX or placebo, respectively, were: pain (72.1% vs 9.2%), fatigue (43.4% vs 5.3%) and headache (32.8% vs 3.0%). The frequency of SAEs, pIMDs and deaths within 30 days and 12 months post-last vaccination was comparable between the two groups and none were assessed as vaccine-related. Patients were followed up for at least 12 months post-last vaccination (exposed set: SHINGRIX n=3064, placebo n=3064).<sup>1</sup> In the ZOE-50/70 trials, SAEs, pIMDs and deaths occurred with similar frequencies in the two study groups. No safety concerns associated with SHINGRIX were identified.<sup>3</sup>

STUDY DESIGN ZOSTER-76



# Shingles protection that lasts for up to year 10<sup>1</sup>

## ZOSTER-049 interim analysis

**ZOE-50/70****UP TO  
YEAR  
10**

### Post-vaccination up to year 10, 89% efficacy against shingles<sup>1\*</sup>

(95% CI: 85.6-91.3; from 1-month post-dose 2 to mean of 9.6 [ $\pm 0.3$ ] years post-vaccination, n/N: RZV [84/13,881] vs. HC [765/13,881])

**ZOSTER-049**

### Over the $\geq 4$ years follow-up efficacy of 81.6%<sup>1</sup>

(81.6% [95% CI: 75.2-86.6]; follow-up period:  $\geq 4$  years, until DLP - Mean 5.6 [ $\pm 0.3$ ] to 9.6 [ $\pm 0.3$ ] years post-vaccination; n/N: RZV [52/7,277] vs. HC [283/7,277])

Gap between  
studies

A horizontal timeline from year 1 to year 10. Red dots mark each year. A gap is indicated between year 4 and year 5, labeled "Gap between studies". A large red arrow points from the ZOE-50/70 study area to the ZOSTER-049 study area.

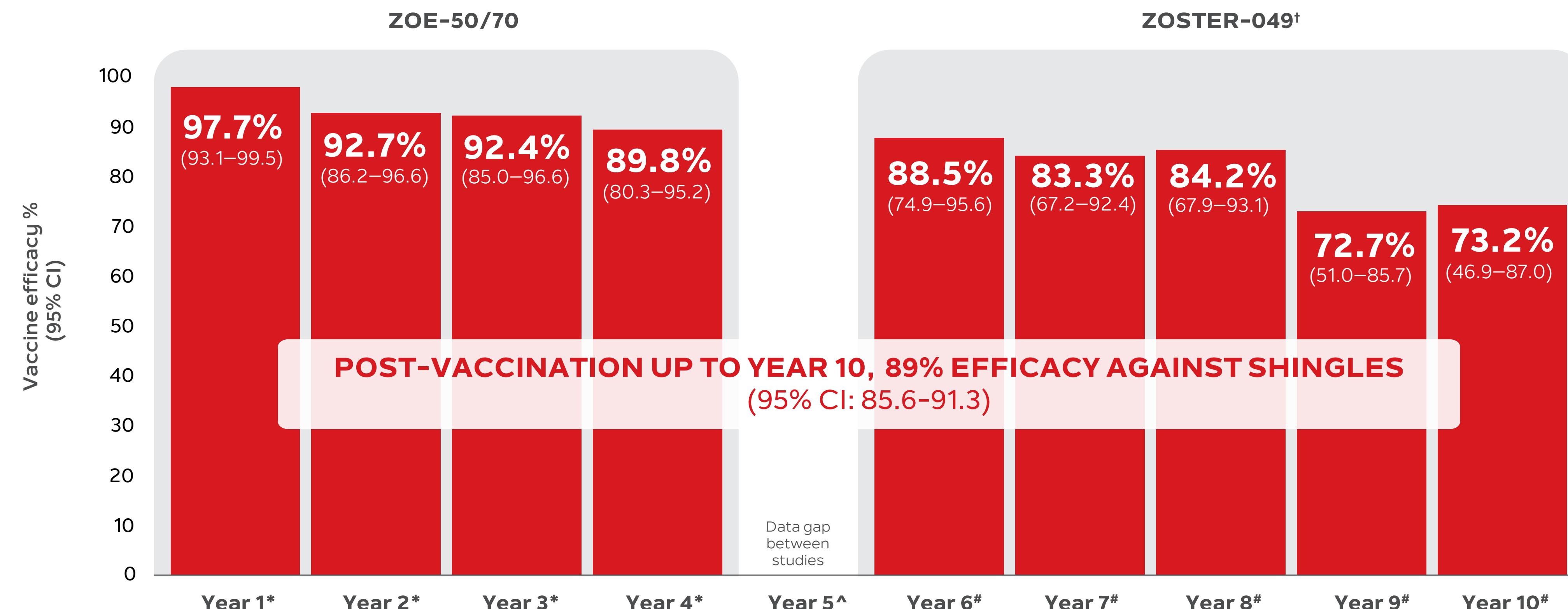
year 1      2      3      4      5      6      7      8      9      year 10

\*Results for year 10 are also included although still incomplete, precision of estimates for this time point will increase at the final analysis.<sup>1</sup>

**YEARLY DATA** +**STUDY DESIGN** +



## SHINGRIX: SHINGLES PROTECTION THAT LASTS FOR UP TO YEAR 10 AND CONTINUES TO BE MONITORED<sup>1</sup>



### OVERALL

SHINGRIX n/N	84 (13,881)	3 (13,881)	10 (13,569)	9 (13,185)	10 (12,757)	No data	7 (7277)	10 (7100)	9 (6878)	15 (6648)	11 (6258)
PLACEBO n/N	765 (13,881)	130 (14,035)	136 (13,564)	116 (13,074)	95 (12,517)	No data	61 (7277)	60 (7100)	57 (6878)	55 (6648)	41 (6258)

<sup>†</sup>At the data lock point for the second interim analysis in the current follow-up study, data collection for year 10 was still incomplete.<sup>1</sup>

<sup>\*</sup>RZV versus placebo recipients from the ZOE-50/70 trials, adjusted for region.<sup>2</sup>

<sup>#</sup>Interim analysis, subset of vaccines from original ZOE studies, RZV versus matched historical controls from the placebo group in the ZOE-50/70 studies, adjusted for age and region at randomization during the ZOE-50/70 studies.<sup>2</sup>

<sup>^</sup> No data are available for Year 5 because that period corresponds to the gap between ZOE-50/70 and the current follow-up study.

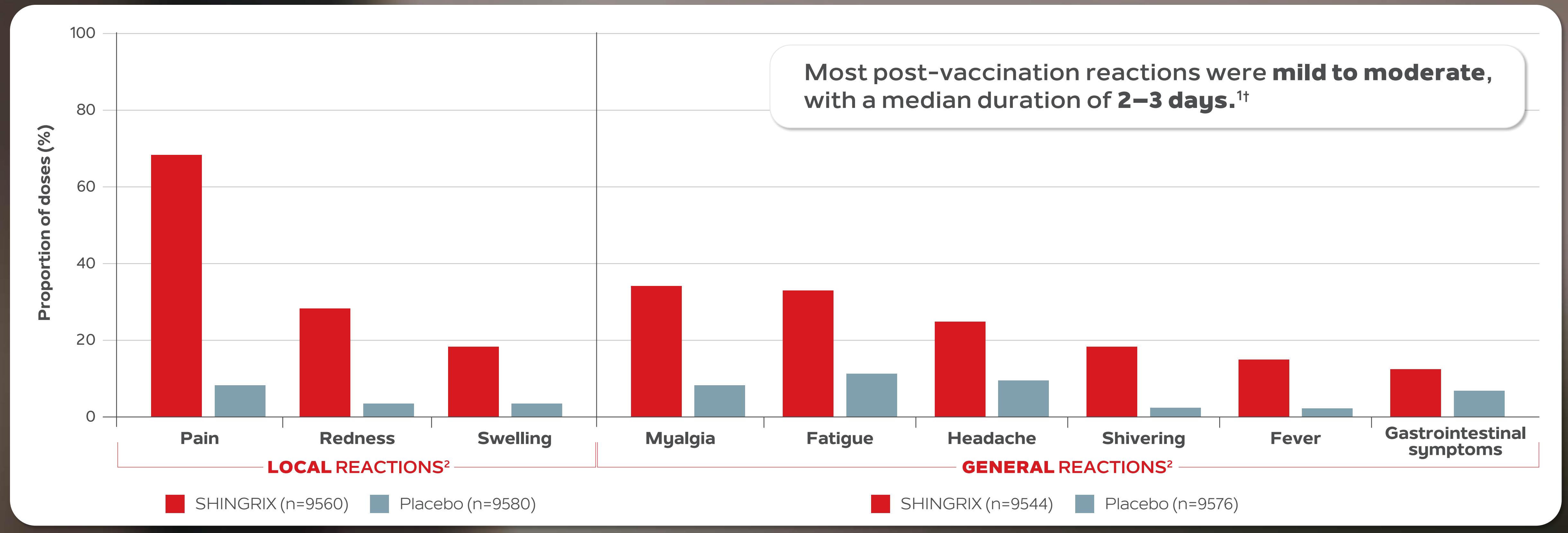
increase at the final analysis.<sup>1</sup>

YEARLY DATA

STUDY DESIGN



# Tell your patients what to expect: SHINGRIX safety profile<sup>1\*</sup>

**ADVERSE EVENTS****ADDITIONAL SAFETY INFORMATION**

**There was no significant difference in the number of SAEs (Serious Adverse events), pIMDs (potential immune-mediated disease) and fatal AEs (Adverse events) between SHINGRIX and placebo in ZOE-50/70.<sup>1‡</sup>**

\*Median follow-up 4.4 years in ZOE-50/70.<sup>1</sup>

<sup>1†</sup>Pooled analysis of ZOE-50 and ZOE-70. Median duration 3 days or less for local and 2 days or less for general symptoms.<sup>1</sup>

<sup>1‡</sup>Median follow-up 4.4 years (SHINGRIX n=14,645, placebo n=14,660): SAEs within 1 year post-last dose (10.1% vs 10.4%), pIMDs (1.2% vs 1.4%), fatal AEs (4.3% vs 4.6%).<sup>1</sup>

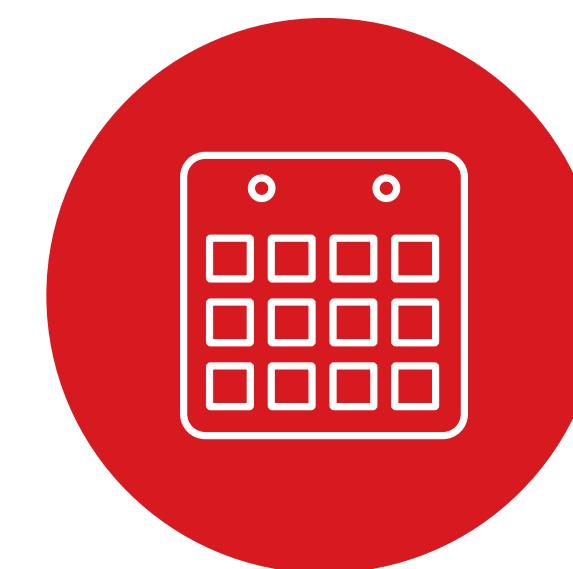
**STUDY DESIGN**

# SHINGRIX safety profile



## Phase IV

The safety profile of SHINGRIX in ZOSTER-76 was consistent with the one observed in the ZOE-50/70 trials<sup>3†</sup>



## Long-term follow-up

Safety profile remained clinically acceptable for up to 10 years post vaccination and no deaths or other serious adverse events were considered causally related to vaccination by the investigator in ZOSTER-049<sup>4</sup>

[ADVERSE EVENTS](#)
[ADDITIONAL SAFETY INFORMATION](#)

<sup>†</sup>In ZOSTER-76, a placebo-controlled, observer-blind, Phase IV multicentre trial conducted between 2021 and 2023 in mainland China to evaluate SHINGRIX efficacy in non-immunocompromised adults ≥50 years old (without a history of shingles and with stable comorbidities), solicited local and general AEs within 7 days post any vaccination were more frequent in the SHINGRIX group vs placebo. Median duration of solicited AEs was ≤3 days for both. Most frequently reported AEs with SHINGRIX or placebo, respectively: injection-site pain (72.1% vs 9.2%), fatigue (43.4% vs 5.3%) and headache (32.8% vs 3.0%). Frequency of SAEs, pIMDs and deaths within 30 days and 12 months post-dose 2 was comparable between the two groups; none were assessed as vaccine-related.

Patients were followed up for at least 12 months post-last vaccination (exposed set: SHINGRIX n=3064, placebo n=3064).<sup>4</sup> In the ZOE-50/70 trials, SAEs, pIMDs, and deaths occurred with similar frequencies in the two study groups. No safety concerns associated with SHINGRIX were identified.<sup>1</sup>

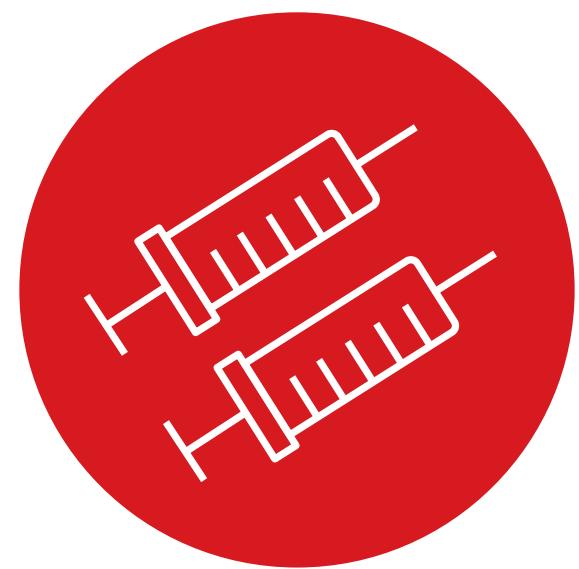
[STUDY DESIGN](#)


# Help protect your patients against shingles with three simple steps



## Recommend

Explain what shingles is, advise patients of their risk, then recommend prevention with SHINGRIX if they are eligible.<sup>1</sup>



## Vaccinate/Refer

Explain potential vaccine reactions and vaccinate your patient or refer your patient for vaccination.<sup>1</sup>



## Follow up

Discuss the importance of 2-dose completion and remind your patients of their second dose appointment.<sup>2</sup>

The time is now to prevent shingles<sup>1\*</sup>

\*As with any vaccine, a protective immune response may not be elicited in all vaccinees.<sup>2</sup>

DOSING SCHEDULE



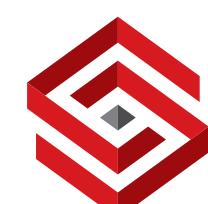
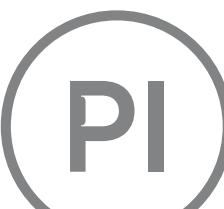
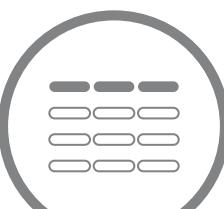
IMMUNE RESPONSE



GUIDELINES



COADMINISTRATION



# It takes 2 doses of SHINGRIX to protect your patients ≥50 years old against shingles<sup>1\*</sup>

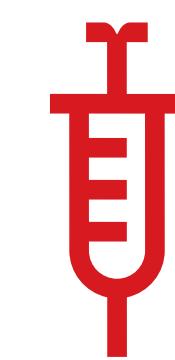


Vaccination schedule for adults ≥50 years old:

Two doses, 0.5 mL each – administer the first dose followed by the second dose 2 months later. SHINGRIX is for intramuscular injection only.<sup>1</sup>

If flexibility is needed, you can administer the second dose 2–6 months after the first.<sup>1†</sup>

MONTH	0	1	2	3	4	5	6
-------	---	---	---	---	---	---	---



**DOSE 1**

Month 0



**DOSE 2**

2 to 6 months later<sup>†</sup>



**Vial 1 of 2**

AS01<sub>B</sub> adjuvant suspension  
for 1 dose in a vial with a  
stopper<sup>1</sup>

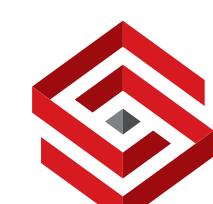
**Vial 2 of 2**

Varicella Zoster Virus (VZV)  
glycoprotein E (gE) powder  
for 1 dose in a vial with a  
stopper<sup>1</sup>

\*As with any vaccine, a protective immune response may not be elicited in all vaccinees.<sup>1</sup>

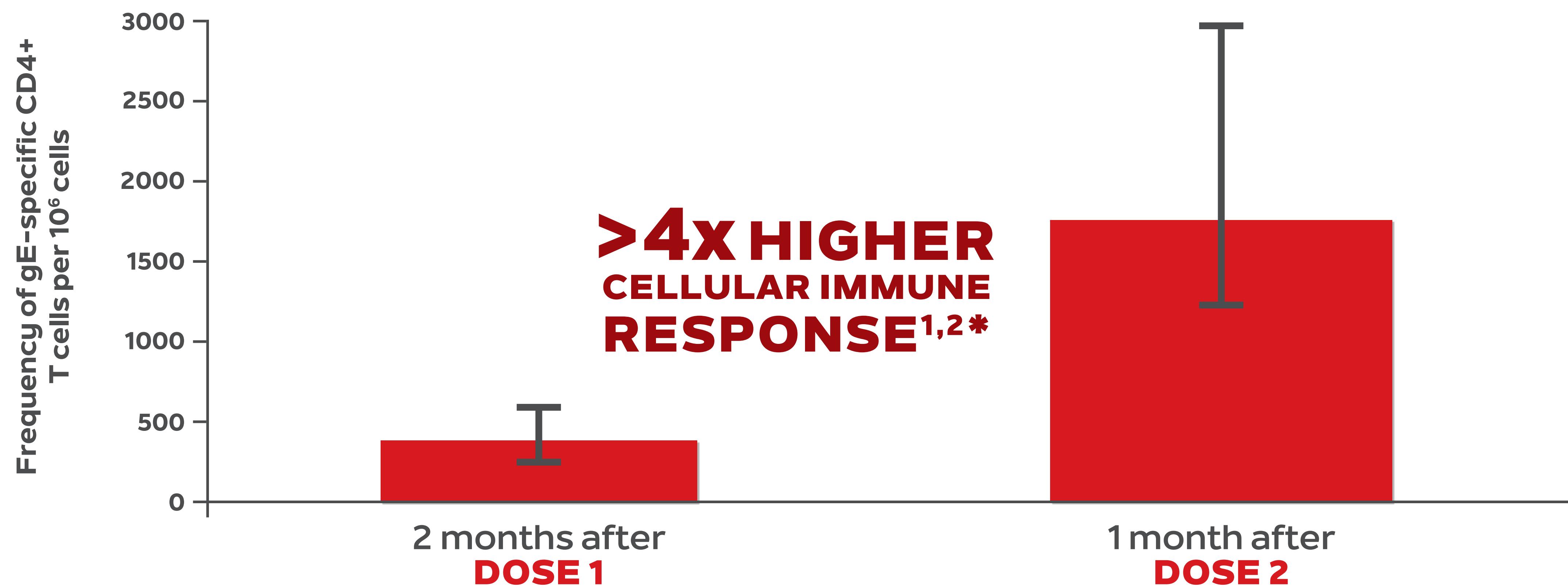
†For subjects who are immunodeficient, immunosuppressed or likely to become immunosuppressed due to known disease or therapy, and whom would benefit from a shorter vaccination schedule, the second dose can be given 1 to 2 months after the initial dose.<sup>1</sup>

elicited in all vaccinees.<sup>2</sup>





## >4x higher cellular immune response with the second dose of SHINGRIX<sup>1,2\*</sup>



The same results were first published in Chlibek R, et al. Vaccine. 2014. The graph has been independently created by GSK from the original data.

\*The primary objective of the study was to compare the CD4+ T-cell response to gE (as measured by the frequency of gE-specific CD4+ T cells) one month after the second vaccine dose (month 3) in subjects aged  $\geq 70$  years who received different schedules and for mutations of gE/AS01B. This was a phase II, single-blind, randomized, controlled study, adults aged  $\geq 60$  years (N=714) received one dose of 100 µg gE/AS01B, two doses, two months apart, of 25, 50, or 100 µg gE/AS01B, or two doses of unadjuvanted 100 µg gE/saline. Frequencies of CD4+ T cells expressing  $\geq 2$  activation markers following induction with gE were measured by intracellular cytokine staining and serum anti-gE antibody concentrations by ELISA. A total of 715 subjects were enrolled in the study. Of these, 714 were vaccinated and 701 completed the study through month 3.<sup>1</sup> Median gE-specific CD4+ T cell expressing at least two activation markers per  $10^6$  cells (Q1, Q3) was 122.18 (62.3-290.22) at baseline, 382.57 (236.79-615.51) at 1 month after dose 1, and 1755.39 (1210.8-2987.71) at 1 month after dose 2.<sup>2</sup>

elicited in all vaccinees.<sup>2</sup>





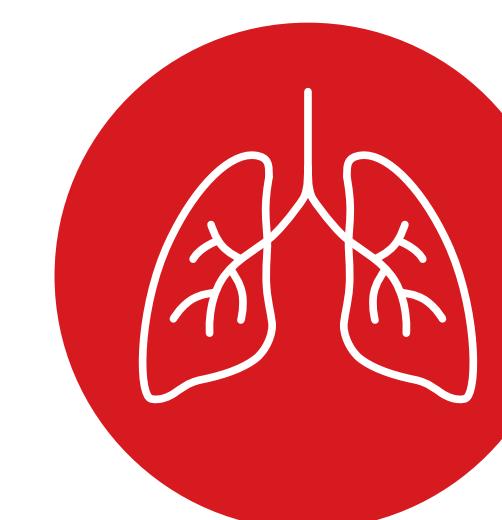
## The CDC recommends SHINGRIX for your patients ≥50 years old<sup>1</sup>

The CDC recommends SHINGRIX for the prevention of shingles and related complications for adults ≥50 years old.<sup>1</sup>

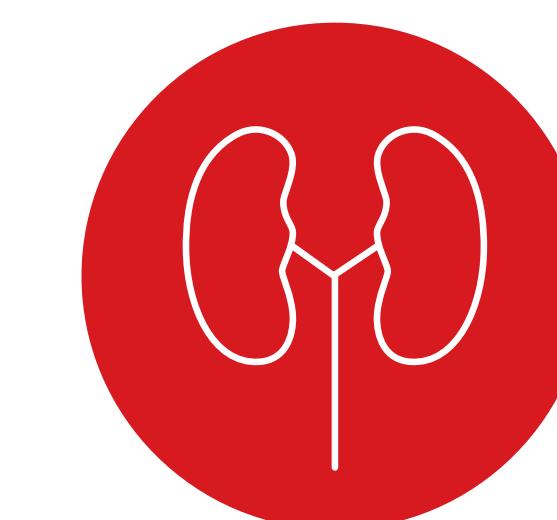
The US Advisory Committee on Immunization Practices (ACIP) also recommends vaccination against shingles for patients ≥50 years old with comorbidities, such as:<sup>1</sup>



Diabetes  
mellitus



Chronic pulmonary  
disease



Chronic renal  
failure

elicited in all vaccinees.<sup>2</sup>





## Data supports coadministration of SHINGRIX with the following vaccines:<sup>1\*</sup>

- Influenza:** unadjuvanted inactivated seasonal vaccine<sup>1</sup>
- Pneumococcal PPV23:** 23-valent pneumococcal polysaccharide vaccine<sup>1†</sup>
- Pneumococcal PCV:** pneumococcal conjugate vaccine<sup>1</sup>
- dTpa:** reduced antigen diphtheria-tetanus-acellular pertussis vaccine<sup>1‡</sup>
- COVID-19:** mRNA vaccines<sup>2</sup>

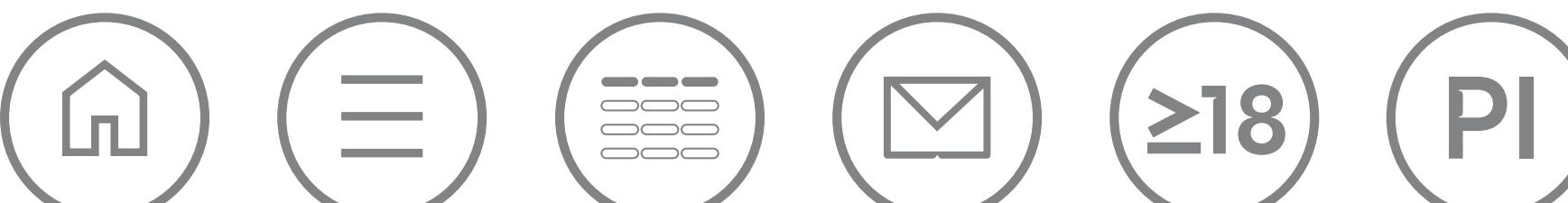
The vaccines should be administered at different injection sites.<sup>1</sup>

\*In clinical trials, SHINGRIX was coadministered with one other vaccine.<sup>1</sup>

<sup>†</sup>The adverse reactions of fever and shivering were more frequent when PPV23 vaccine was coadministered with SHINGRIX compared to when SHINGRIX was given alone.<sup>1</sup>

<sup>‡</sup>The immune response of the coadministered dTpa vaccine was unaffected, except for pertussis antigen pertactin. Clinical relevance is unknown.<sup>1</sup>

elicited in all vaccinees.<sup>2</sup>





BURDEN OF DISEASE

EFFICACY

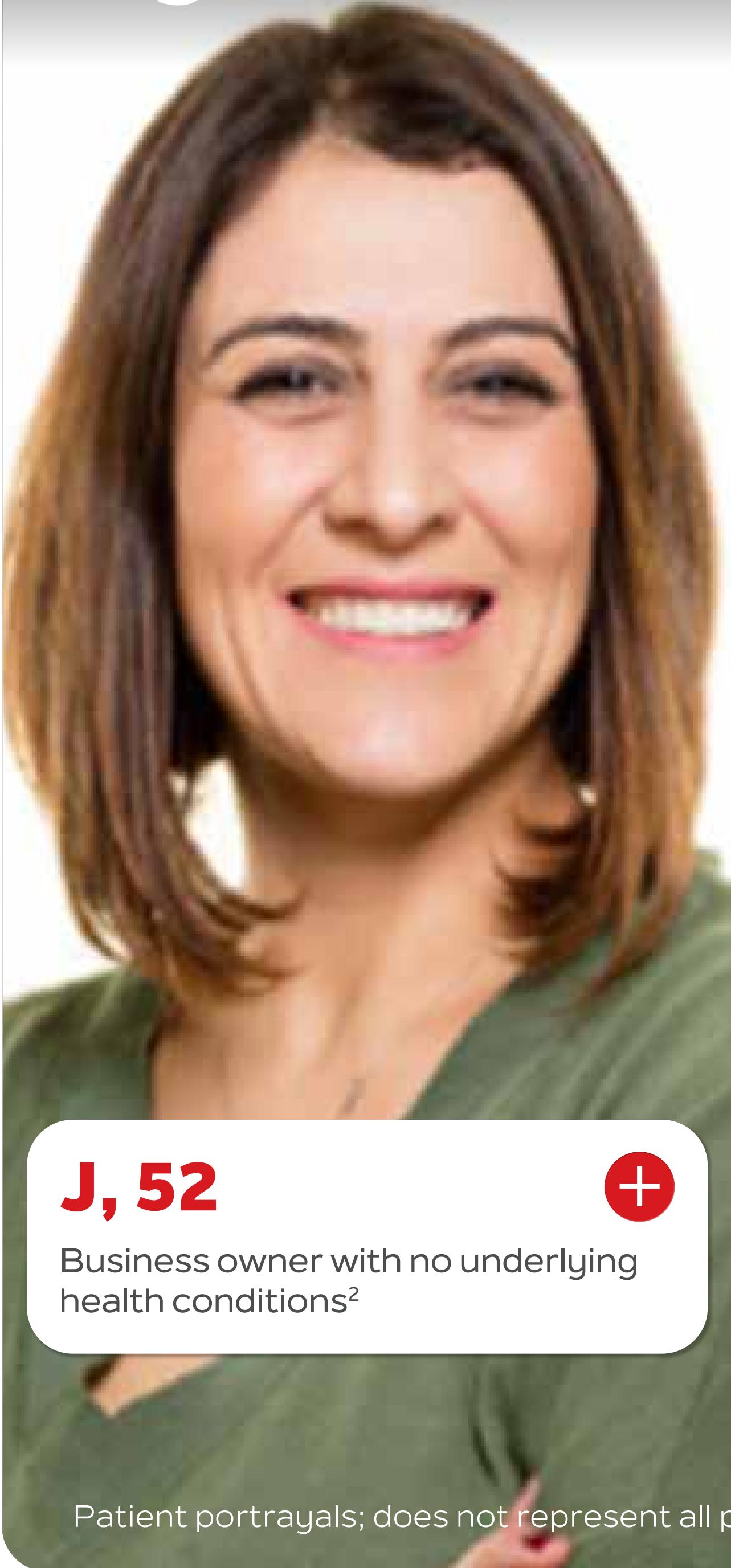
LONG-TERM EFFICACY

SAFETY

IN YOUR PRACTICE

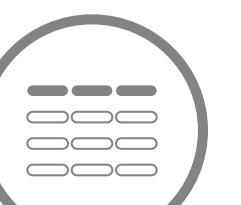
PATIENTS TO PROTECT

# Your patients $\geq 50$ years old are at risk of shingles<sup>1</sup> – your vaccine recommendation can help protect them<sup>2</sup>

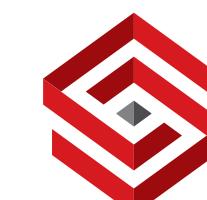
**J, 52**Business owner with no underlying health conditions<sup>2</sup>**K, 56**Father with chronic obstructive pulmonary disease<sup>3</sup>**S, 61**Caregiver with type 2 diabetes,<sup>3</sup> looking after her elderly father**A, 67**Grandmother with chronic kidney disease<sup>3</sup>

Patient portrayals; does not represent all patients with shingles.

YOUR NEXT PATIENT



40

**SHINGRIX**   
(ZOSTER VACCINE RECOMBINANT, ADJUVANTED)Powder and suspension for  
suspension for IM InjectionBF0472B2872/122024  
12/12/2024



BURDEN OF DISEASE

EFFICACY

LONG-TERM EFFICACY

SAFETY

IN YOUR PRACTICE

PATIENTS TO PROTECT

J

K

S

A

X

## J, 52 years old

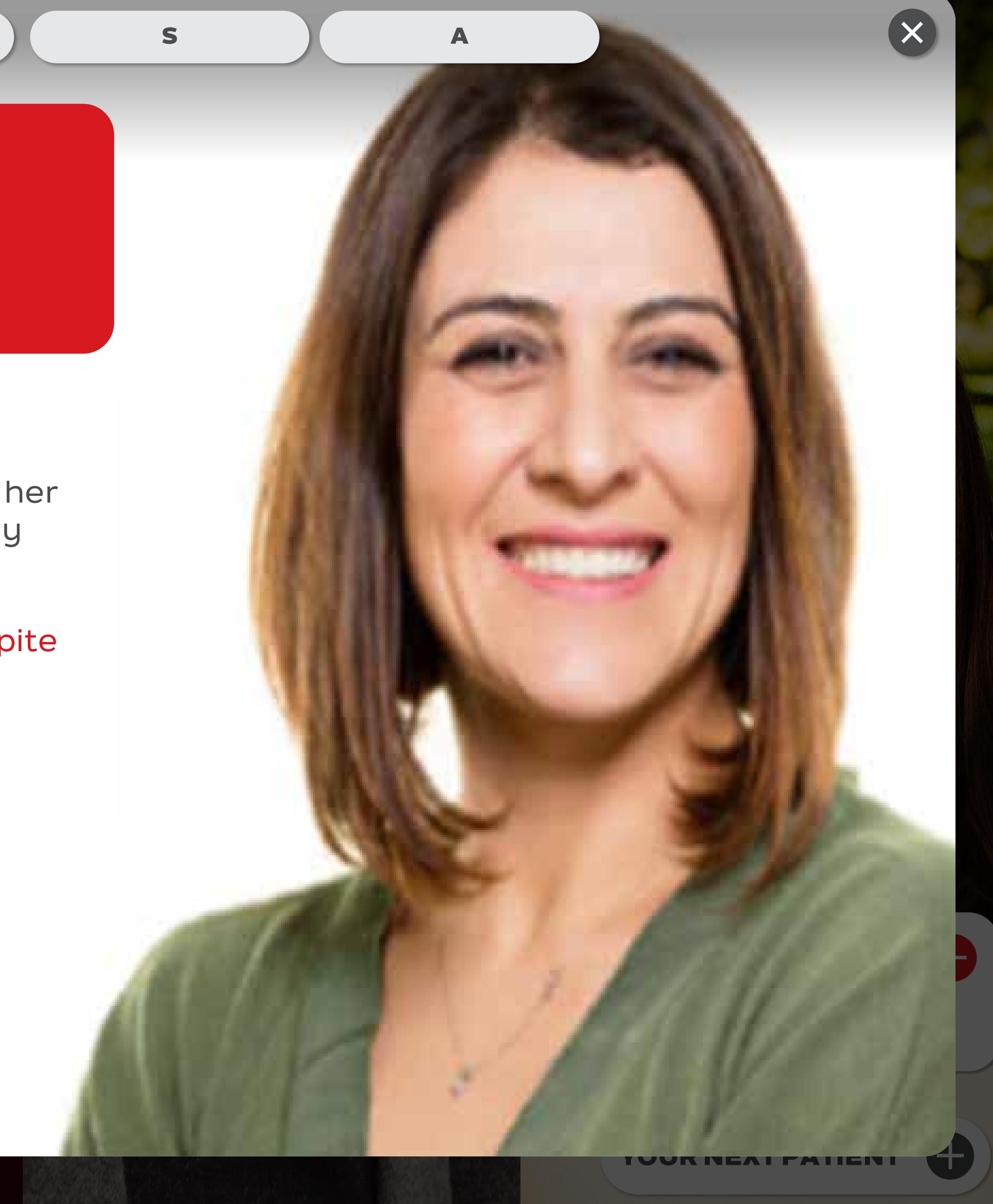
Small business owner with no comorbidities;  
mother who exercises regularly

### How could shingles impact her?

Shingles and its potential complications could force her to close her business for some time,<sup>1</sup> which her family relies on for a majority of their income.

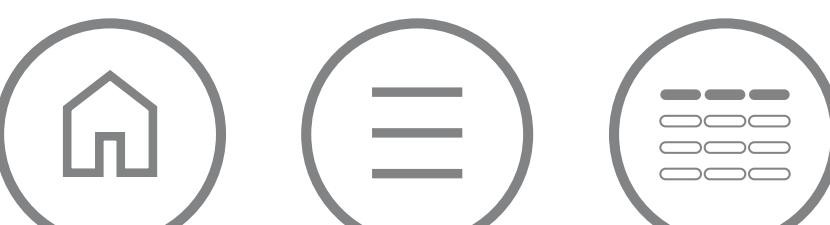
As J is over 50 years old, she's at risk of shingles despite her healthy lifestyle<sup>2</sup> and she might not know it.

**Recommend SHINGRIX next time she visits  
your practice.<sup>3</sup>**

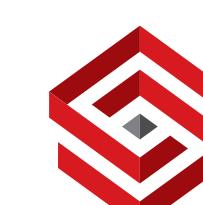


Patient portrayal; does not represent all patients with shingles

YOUR NEXT PATIENT



41



**SHINGRIX**   
(ZOSTER VACCINE RECOMBINANT, ADJUVANTED)  
Powder and suspension for  
suspension for IM Injection



BF0472B2872/122024  
12/12/2024

J

K

S

A

X

# K, 56 years old

Father with COPD

## How could shingles impact him?

If K develops shingles, he may be 2.6x more likely to be hospitalised vs patients with shingles without COPD (OR: 2.66; 95% CI: 2.17–3.24).<sup>1\*</sup> Shingles could prevent K from spending quality time with his family.<sup>2</sup>

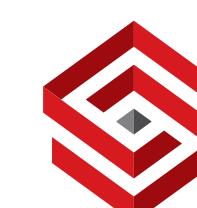
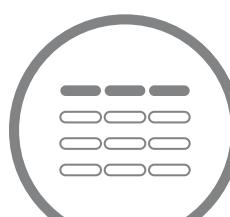
Shingles prevention isn't on K's radar.

**Recommend SHINGRIX next time he visits to discuss his COPD medication.<sup>3</sup>**

Patient portrayal; does not represent all patients with shingles.

\*In a retrospective study from Spain. Hospitalisations with a herpes zoster ICD-9 code in any diagnostic position. Participants >50 years old (N=2,289,485, including 161,317 patients with COPD) were followed up between 2009 and 2014 using population and health databases of Valencia Region. Shingles incidence rate in patients with COPD was 11 (95% CI: 10.7–11.4) cases/1000 person-years.<sup>1</sup> Absolute rates of hospitalisation not reported in publication.

YOUR NEXT PATIENT +





J

K

S

A

X

## S, 61 years old

Caregiver with type 2 diabetes, looking after her elderly father

### How could shingles impact her?

If S develops shingles, she may be 1.6x more likely to be hospitalised vs patients with shingles without diabetes (OR: 1.63; 95% CI: 1.38–1.91).<sup>1\*</sup> Shingles could impact the level of care she can provide for her father.<sup>2</sup>

S doesn't have time for shingles.

**Recommend SHINGRIX next time she visits to discuss her diabetes.<sup>3</sup>**



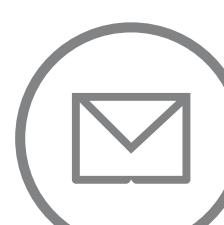
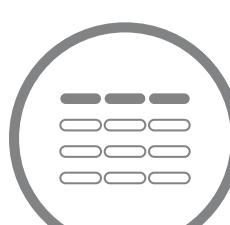
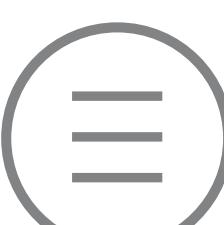
J

Bur  
he

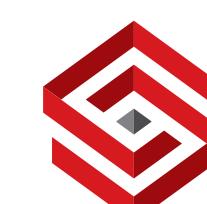
Patient portrayal; does not represent all patients with shingles.

\*In a retrospective study from Spain. Hospitalisations with herpes zoster ICD-9 code in any diagnostic position. Participants ≥50 years old (N=2,289,485, including 397,940 patients with diabetes) were followed up between 2009 and 2014 using population and health databases of Valencia Region. Shingles incidence rate in patients with diabetes was 7.2 (95% CI: 7.2–7.3) cases/1000 person-years.<sup>1</sup> Absolute rates of hospitalisation not reported in publication.

YOUR NEXT PATIENT



43



**SHINGRIX**   
(ZOSTER VACCINE RECOMBINANT, ADJUVANTED)  
Powder and suspension for  
suspension for IM Injection



BF0472B2872/122024  
12/12/2027



J

K

S

A

X

# A, 67 years old

Grandmother with chronic kidney disease

## How could shingles impact her?

If A develops shingles, she may be 1.3x more likely to develop end-stage renal disease compared to patients with CKD (chronic kidney disease) without shingles (aHR: 1.36; 95% CI: 1.09–1.70).<sup>1\*</sup> Shingles could pull A away from her family,<sup>2</sup> stealing precious time with her new grandson.

A's life shouldn't be interrupted by shingles.

**Recommend SHINGRIX next time she visits to discuss her recent blood tests.<sup>3</sup>**

Patient portrayal; does not represent all patients with shingles.

\*In a population-based cohort study, 4999 patients >18 years old (mean age: 66.5 years), including 1144 patients with CKD who had shingles between 1997 and 2008, were identified from the Taiwan National Health Insurance Research Database. 396 patients developed ESRD during the follow-up period: 108 from the shingles cohort and 288 from the comparison cohort. The log-rank test demonstrated that the shingles cohort had significantly higher risk of developing ESRD than the comparison cohort.<sup>1</sup>



YOUR NEXT PATIENT



# If you could prevent shingles suffering, why wouldn't you?<sup>1</sup>

Recommend SHINGRIX for adults  $\geq 50$  years<sup>2</sup>

## 97% efficacy against shingles<sup>1\*†</sup>

97% efficacy in adults  $\geq 50$  years old (97.2%; 95% CI: 93.7–99.0) and 91% in adults  $\geq 70$  years old (91.3%; 95% CI: 86.8–94.5) after 2 doses<sup>1†</sup>

## Shingles protection that lasts up to 10 years<sup>5\*‡</sup>

81.6% efficacy against shingles in participants  $\geq 50$  years old during ZOE-LTFU (95% CI: 75.2%–86.6%; over the  $\geq 4$ -year follow-up in ZOE-LTFU)<sup>5‡</sup>

89% overall efficacy against shingles in participants  $\geq 50$  years old up to year 10 (95% CI: 85.6%–91.3%)<sup>5§</sup>

## Safety profile

Safety profile remained clinically acceptable for up to 10 years post vaccination and no deaths or other serious adverse events were considered causally related to vaccination by the investigator in ZOSTER-049.<sup>5</sup>



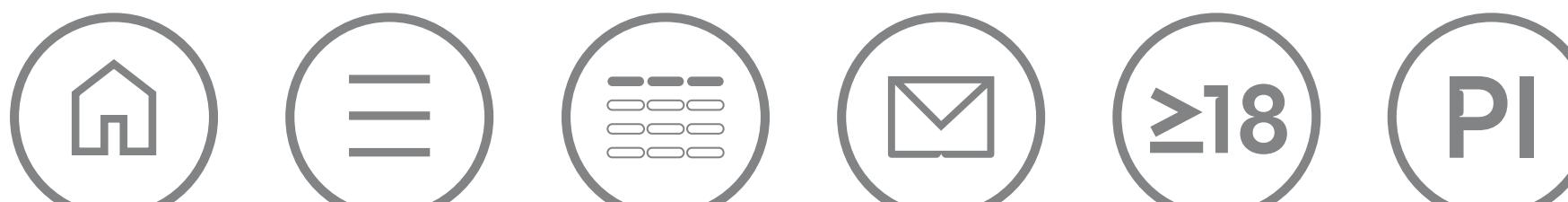
Patient portrayal.

\*As with any vaccine, a protective immune response may not be elicited in all vaccinees.<sup>1</sup>

<sup>†</sup>In ZOE-50, VE against shingles in adults  $\geq 50$  years old: SHINGRIX n/N=6/7344; placebo n/N=210/7415). Median follow-up: 3.2 years.<sup>3</sup> In a pooled ZOE-50 and ZOE-70 analysis of VE against shingles in adults  $\geq 70$  years old; SHINGRIX n/N=25/8250; placebo n/N=284/8346. Median follow-up: 3.7 years.<sup>4</sup>

<sup>‡</sup>The primary objective of the study is to assess the efficacy of RZV against HZ over the total duration of ZOE-LTFU.<sup>5</sup>

<sup>§</sup>Other main objectives include evaluation of efficacy of RZV against HZ from 1 month post-second RZV dose in ZOE-50/70 through the end of ZOE-LTFU (overall and by year postvaccination), persistence of humoral and cell-mediated immune (CMI) responses to RZV at each year postvaccination, and safety.<sup>5</sup>



This material is intended for healthcare professional use only.

# Help protect your immunocompromised patients $\geq 18$ years old from suffering from shingles<sup>1</sup>

Recommend  
**SHINGRIX<sup>2</sup>**

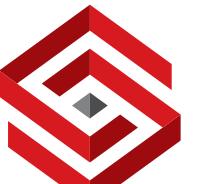
Patient portrayal.

GlaxoSmithKline Biologicals S.A. Rixensart, Belgium.  
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SHINGRIX is owned by or licensed to the GSK group of companies.

PM-EG-SGX-EDTL-240001 | Date of preparation: July 2024



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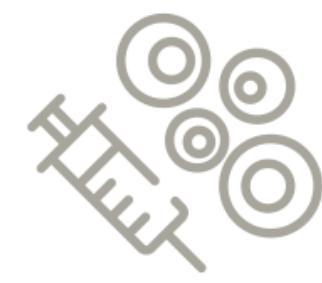
 **SHINGRIX**   
(ZOSTER VACCINE RECOMBINANT, ADJUVANTED)  
Powder and suspension for suspension for IM Injection



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12/12/2024

# Immunocompromised patients have a higher risk of developing shingles and persistent post - zoster pain.<sup>1</sup>

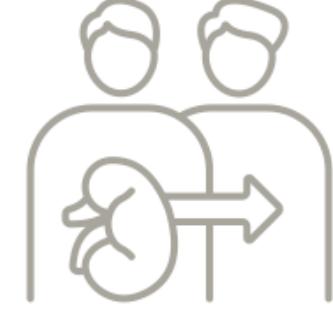
Shingles incidence rate (**per 1000 person - years**) among different patient groups from different studies



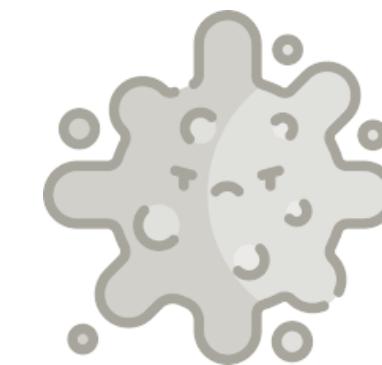
Stem cell  
transplant<sup>2</sup>



Hematologic  
malignancies<sup>3</sup>



Solid organ  
transplant<sup>4</sup>



Solid tumors<sup>5</sup>



Human  
immunodeficiency  
virus (HIV) infection<sup>1</sup>



Immunocompetent  
aged  $\geq 50$ <sup>6,7</sup>

**94.3**

In a phase 3,  
randomized,  
observer-blinded  
study conducted in 167  
centers in 28 countries

N=851  
Mean age = 55.1 years

**66.2**

In a phase 3,  
randomized,  
observer-blind,  
placebo-controlled  
study, done at 77  
centers worldwide

N=256  
Mean age  $\geq 50$  years

**22.2**

In a multicenter  
retrospective cohort  
study in US

N= 1077  
Median age = 53.9  
years at transplant

**12.3**

In a retrospective  
cohort study in US

N=11,955 patients  
 $\sim 70\%$  were aged  $\geq$   
60 years<sup>5</sup>

**17.41**

In a retrospective  
cohort study in US

N=121,956  
Mean age = 41.8  
years

**8.46**

In a retrospective,  
observational  
cohort study in US

N= 8,072,379

**Shingles in immunocompromised patients may be more severe and longer lasting than in immunocompetent patients<sup>8</sup>**



# SHINGRIX was studied in 5 IC populations of adults $\geq 18$ years old<sup>1</sup>

	<b>AUTOLOGOUS HAEMATOPOIETIC STEM CELL TRANSPLANT</b> Post-transplant <sup>2</sup>	<b>HAEMATOLOGIC MALIGNANCIES</b> Receiving immunosuppressive chemotherapy <sup>3</sup>	<b>RENAL TRANSPLANT</b> Post-renal transplant <sup>4</sup>	<b>SOLID TUMOUR</b> Receiving immunosuppressive chemotherapy <sup>5</sup>	<b>HUMAN IMMUNODEFICIENCY VIRUS (HIV)<sup>6*</sup></b> HIV-infected adults
Trial	<b>Zoster-002</b>	<b>Zoster-039</b>	<b>Zoster-041</b>	<b>Zoster-028</b>	<b>Zoster-015</b>
Phases (N)	Phase III (N=1846)	Phase III (N=562)	Phase III (N=264)	Phase II/III (N=232)	Phase I/IIa (N=123)
Data available	Efficacy, immunogenicity & safety	Post hoc efficacy, immunogenicity & safety	Immunogenicity & safety	Immunogenicity & safety	Immunogenicity & safety

N=total participants in trial (SHINGRIX and placebo arm).

\*This study was Phase I/II and the dosing schedule was atypical.<sup>6</sup>

**STUDY DESIGNS**



## SHINGRIX in auHSCT subjects: study details (TVC)\*

STUDY DESCRIPTION	PRIMARY OBJECTIVE	POPULATION
Phase III, randomised, observer-blind, placebo-controlled multinational study (N=1846 [TVC]) <sup>1</sup>	Vaccine efficacy in the prevention of HZ <sup>1</sup>	auHSCT recipients, ≥18 years old (mean age 55 years), SHINGRIX n=922, placebo n=924 <sup>1</sup>
AGE BREAKDOWN	UNDERLYING DISEASE	DOSING
SHINGRIX: 18–49 years old n=230 (24.9%), ≥50 years old n=692 (75.1%) Placebo: 18–49 years old n=229 (24.8%), ≥50 years old n=695 (75.2%) <sup>1</sup>	Multiple myeloma, SHINGRIX n=490 (53.1%), placebo n=493 (53.4%) NHL, SHINGRIX n=257 (27.9%), placebo n=273 (29.5) Other disease, <sup>†</sup> SHINGRIX n=175 (19.0%), placebo n=158 (17.1%) <sup>1</sup>	2-dose series (0.5 mL each) administered at Month 0 (50–70 days post-auHSCT), followed by a second dose 1–2 months later <sup>1</sup>

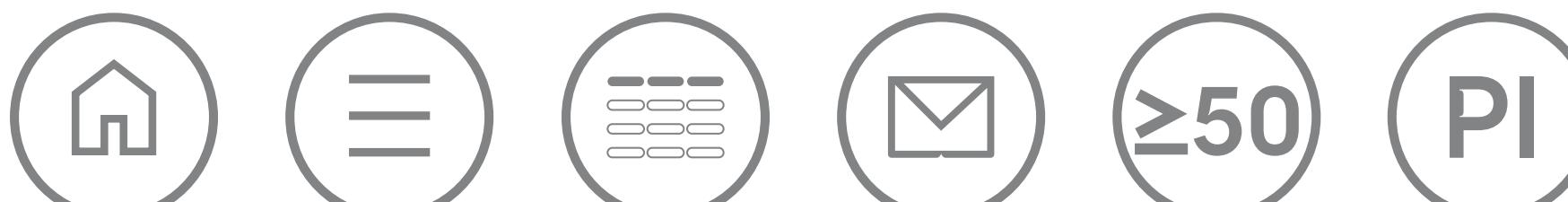
Antivirals against VZV were permitted; however, patients were excluded if the antiviral therapy was expected to last >6 months post-transplant.<sup>1</sup>

\*Total vaccinated cohort included all participants who received at least 1 dose of SHINGRIX or placebo.<sup>1</sup>

<sup>†</sup>Additional underlying diseases for which auHSCT was performed included Hodgkin lymphoma, NHL, AML and other, including solid malignancies and autoimmune diseases.<sup>1</sup>

\*This study was Phase I/II and the dosing schedule was atypical.<sup>6</sup>

STUDY DESIGNS +



auHSCT

HM

X

## SHINGRIX in subjects with haematologic malignancies: study details (TVC)\*

STUDY DESCRIPTION	CO-PRIMARY OBJECTIVES	POPULATION
The efficacy of SHINGRIX was calculated post hoc in a phase III, randomised, observer-blind, placebo-controlled, multicentre, multinational study (N=562 [TVC]) <sup>2</sup>	Humoral immunogenicity, and safety and reactogenicity <sup>2†</sup>	Adults ≥18 years old with HM (mean age 56.8 years old) (SHINGRIX n=283, placebo n=279) <sup>2</sup>
AGE BREAKDOWN	UNDERLYING DISEASE	DOSING
SHINGRIX: 18–49 years old n=74 (26.1%), ≥50 years old n=209 (73.9%) Placebo: 18–49 years old n=73 (26.2%), ≥50 years old n=206 (73.8%) <sup>2</sup>	The most common underlying malignancies were: multiple myeloma, SHINGRIX n=67 (23.7%), placebo n=65 (23.3%) Hodgkin lymphoma, SHINGRIX n=49 (17.3%), placebo n=47 (16.8%) Other disease, <sup>‡</sup> SHINGRIX n=167 (59.0%), placebo n=167 (59.9%) <sup>2</sup>	2-dose series (0.5 mL each) administered 1–2 months apart, with the first dose given during or within 6 months of completing immunosuppressive therapy <sup>2§</sup>

\*Total vaccinated cohort included all participants who received at least 1 dose of SHINGRIX or placebo.<sup>2</sup>

<sup>†</sup>Primary immunogenicity analysis excluded patients with NHCL and CLL. NHCL and CLL were included in a post hoc efficacy analysis.<sup>2</sup>

<sup>‡</sup>Additional underlying diseases included CLL, NHCL, NHTCL and other haematologic malignancies including ALL, AML, MDS and other.<sup>2</sup>

<sup>§</sup>Participants were vaccinated during a cancer therapy course (each dose at least 10 days between vaccination and cancer therapy cycles) or after the full cancer therapy course (first dose of the study vaccine between 10 days and 6 months after cancer therapy had ended).<sup>2</sup>

\*This study was Phase I/II and the dosing schedule was atypical.<sup>6</sup>

STUDY DESIGNS



# CDC (2024) recommends SHINGRIX in Immunocompromising conditions (including persons with HIV regardless of CD4 count)<sup>1</sup>

SHINGRIX demonstrated efficacy among patients with auHSCT and HM<sup>2\*</sup>

## Autologous haematopoietic stem cell transplant (auHSCT)<sup>2</sup>

Post-transplant

VACCINE EFFICACY AGAINST SHINGLES BY AGE (95% CI) <sup>2</sup>	
Aged ≥18 years (SHINGRIX n/N: 49/870; placebo n/N: 135/851)	<b>68.2%</b> (55.5–77.6)
Aged 18–49 years (SHINGRIX n/N: 9/213; placebo n/N: 29/212)	<b>71.8%</b> (38.7–88.3)
Aged ≥50 years (SHINGRIX n/N: 40/657; placebo n/N: 106/639)	<b>67.3%</b> (52.6–77.9)

## Haematologic malignancies (HM)<sup>2</sup>

Receiving immunosuppressive chemotherapy

## POST HOC VACCINE EFFICACY AGAINST SHINGLES (95% CI)<sup>2</sup>

Aged ≥18 years (SHINGRIX n/N: 2/259; placebo n/N: 14/256)	<b>87.2%</b> (44.2–98.6)
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**EFFICACY**

**IMMUNOGENICITY**

N=number of subjects in each group; n=number of confirmed shingles cases.

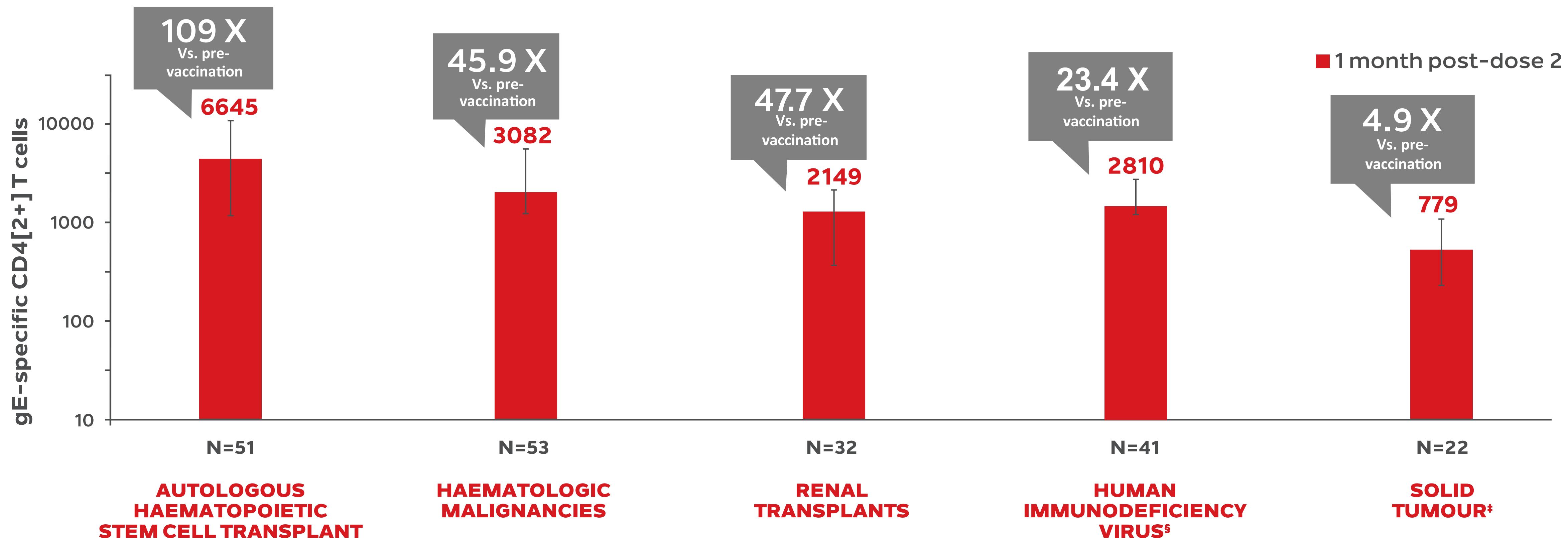
\*The primary humoral immunogenicity endpoints were met.<sup>3</sup>



# Recommend SHINGRIX to your immunocompromised patients ≥18 years old<sup>1</sup>

SHINGRIX elicited cell-mediated immune responses across all IC populations studied<sup>2\*</sup>

Median frequency<sup>†</sup> for gE-specific CD4[2+] T cells prior to vaccination and 1 month post-dose 2 of SHINGRIX<sup>2</sup>



**EFFICACY**

**IMMUNOGENICITY**

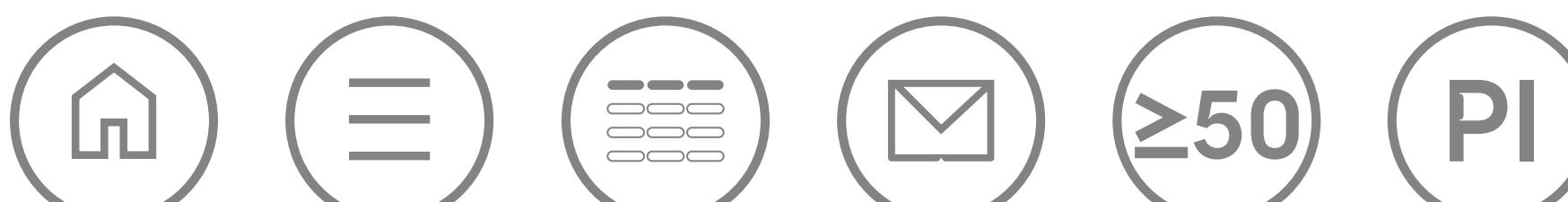
\*Each population was evaluated in a separate study.<sup>2</sup>

<sup>†</sup>Median Q1, Q3.<sup>2</sup>

<sup>‡</sup>Blood for CMI was only collected from the group of subjects that received the first dose of SHINGRIX 8–30 days before the start of a chemotherapy cycle (i.e., largest group of the study).<sup>2</sup>

<sup>§</sup>Results are from a Phase I/II trial and the dosing schedule was atypical (3-dose schedule at Months 0, 2 and 6).<sup>3</sup>

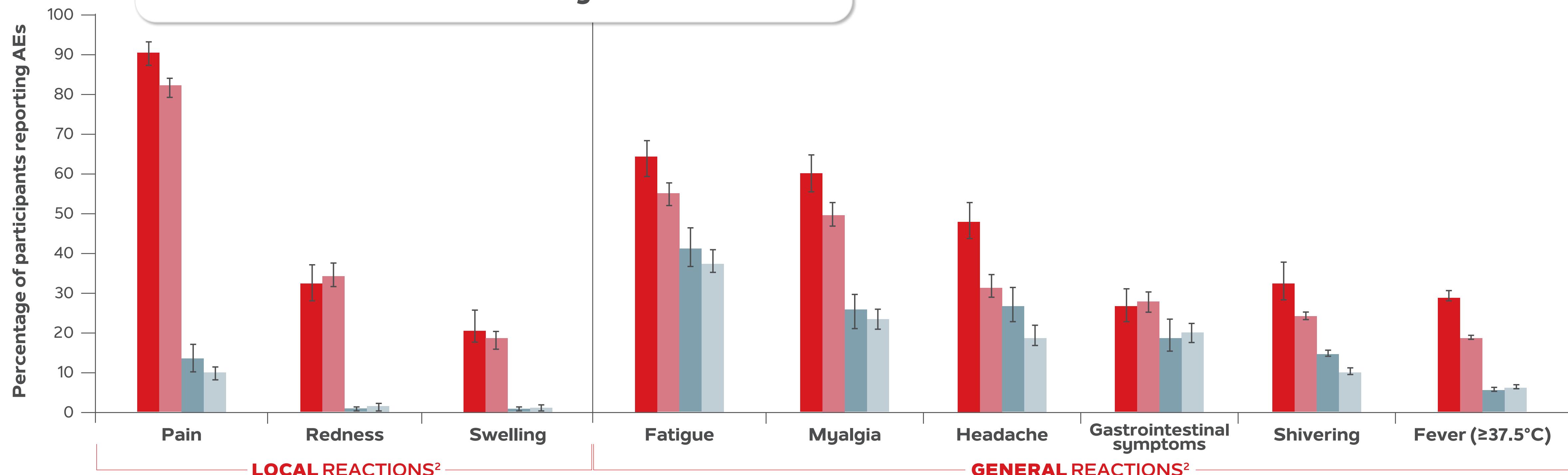
MEET PATIENTS AT INCREASED RISK



# Shingles prevention with a favourable benefit/risk profile for IC patients $\geq 18$ years old<sup>1\*</sup>

In a pooled analysis of six trials in IC patients:  
most vaccination reactions were **mild to moderate**,  
with a median duration of **1–3 days**<sup>1†</sup>

■ 18–49 YOA SHINGRIX (n=443) ■ 18–49 YOA placebo (n=419)  
■ 50+ YOA SHINGRIX (n=1144) ■ 50+ YOA placebo (n=1110)

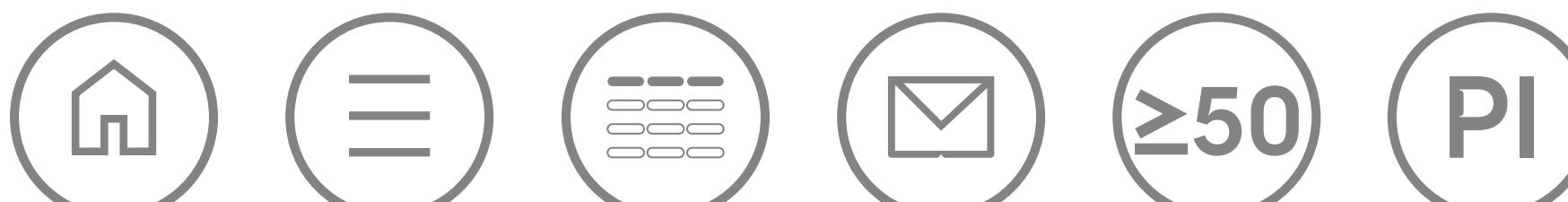


There was no significant difference in the incidence of unsolicited AEs, SAEs, pIMDs and fatal SAEs between SHINGRIX and placebo groups.<sup>1</sup>

\*IC populations studied (autologous haematopoietic stem cell transplant and renal transplant recipients, patients with haematologic malignancies, patients with solid tumours and human immunodeficiency virus-infected adults). Subjects vaccinated with RZV = 1587 and placebo = 1529.<sup>1</sup>

<sup>†</sup>Median duration of local reactions = 3 days, and general reactions = 1 to 3 days.<sup>1</sup>

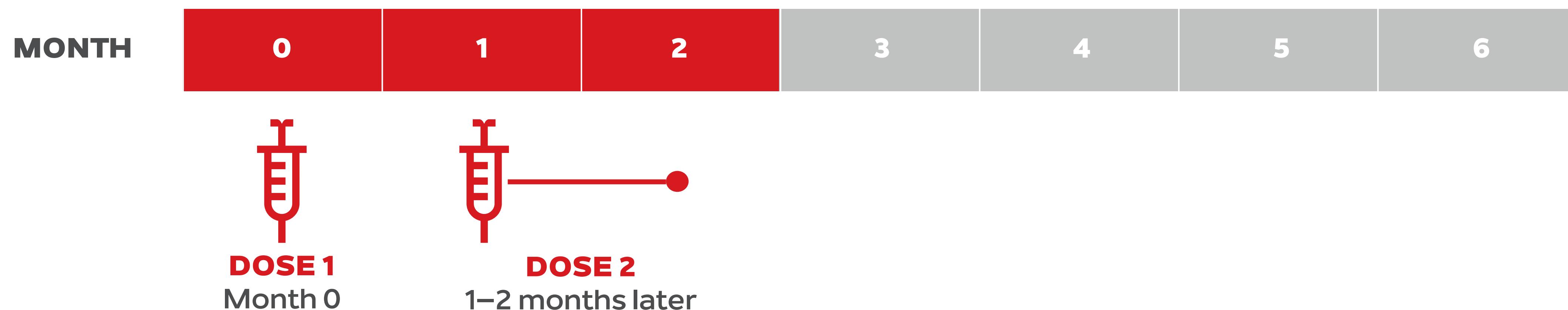
STUDY ANALYSIS +



# Vaccinate with SHINGRIX, the only shingles vaccine indicated for your immunocompromised patients<sup>1</sup>

For immunocompetent individuals  $\geq 50$  years old, the second dose of SHINGRIX can be given between 2 and 6 months after the first dose.<sup>1</sup>

**Individuals who are or might become immunodeficient or immunosuppressed and who would benefit from a shorter vaccination schedule: a first dose at month 0 followed by a second dose 1 to 2 months later.<sup>1</sup>**



**Vial 1 of 2**  
AS01<sub>B</sub> adjuvant suspension  
for 1 dose in a vial with a  
stopper<sup>1</sup>

**Vial 2 of 2**  
Varicella Zoster Virus (VZV)  
glycoprotein E (gE) powder  
for 1 dose in a vial with a  
stopper<sup>1</sup>

**GUIDELINES**



# If you could prevent shingles suffering, why wouldn't you?<sup>1</sup>

**Immunocompromised patients have a higher risk of developing shingles and persistent post-zoster pain.<sup>2</sup>**

**CDC (2024) recommends 2 doses of SHINGRIX for adults  $\geq 19$  years old who are or will be immunocompromised due to disease or therapy.<sup>3</sup>**

**SHINGRIX safety and immunogenic profile was studied across a broad range of IC (Immunocompromised) patient types  $\geq 18$  years old.<sup>1\*</sup>**

**CDC (2024) recommends 2 doses of RZV to prevent shingles in adults aged  $\geq 19$  years who are or will be immunodeficient or immunosuppressed because of disease or therapy.<sup>3</sup>**

Patient portrayal.

\*IC populations studied: autologous haematopoietic stem cell transplant and renal transplant recipients, patients with haematologic malignancies, patients with solid tumours and human immunodeficiency virus-infected adults. 1587 subjects received vaccination with SHINGRIX and 1529 received placebo.<sup>4</sup>

