
Vaccine for Shingles Should be Routine at Age 60

Shingles is a disease that primarily affects older people. More than 50% of all cases occur in patients older than 60, and individuals age 85 or older have a 50% chance of getting shingles. The older a person is, the higher the risk of problems. Once the virus (herpes zoster, the same virus that causes chickenpox) is acquired, it may remain dormant. If the immune system weakens from illness, medication, or age, the virus can reactivate even decades later. More than 500,000 Americans get the painful illness every year.

Another unresolved issue is the vaccine's price. Experts believe that the vaccine will cost about \$100 to \$150. While it's plausible that private insurance companies will cover it, no one knows for sure.

"I know several groups are running cost-benefit analyses on the vaccine now," says Dworkin. "The insurance companies will look carefully at those numbers." Shingles causes a painful rash that usually appears in a band or belt on the body. About 20% to 30% of patients who have shingles develop postherpetic neuralgia (PHN). If the pain lasts for more than 4 months after the shingles rash appears, PHN should be diagnosed. About 40% of people 60 and older who get shingles go on to have lasting nerve pain caused by PHN.

Until recently, the only treatment for shingles has been antiviral drugs that lessen the impact of the disease. But in May 2006, the FDA approved Zostavax, the first shingles vaccine for people 60 and older, which reportedly cuts the risk of developing shingles in half. The vaccine is a triple dose of chickenpox

vaccine. Minor side effects include itching and redness, but there seems to be no significant risks.

"It's a very important vaccine," says Robert H. Dworkin, PhD, a professor in the department of anesthesiology at the University of Rochester Medical Center in Rochester, N.Y. "It cuts the risk of developing shingles in half."¹

The FDA's approval of Zostavax for people 60 or older was based largely on the vaccine's impressive results in a study published in the *New England Journal of Medicine* in June 2005.² This study tracked a group of 38,000 people older than 60, with a median age of 69. Researchers found that the vaccine cut the odds of getting shingles by 50%.

As promising as the vaccine is, Dworkin points out that we don't really know how many people will wind up getting it. Many things could get in the way. First of all, a lot of people don't know much about shingles. It doesn't have the fearful reputation of other illnesses.

And adults can also be tough to vaccinate, says Dworkin. While shots in childhood are routine, adult vacci-

nations are harder to implement. Adults may not see their doctor regularly. They may put off getting a shot. And while the shingles vaccine could prevent hundreds of thousands of cases each year, an average person might be unimpressed that Zostavax only prevents the disease 50% of the time. Doctors and nurses should be clear in their explanation of the benefits of the vaccine and the risks of shingles.

In October 2006, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) voted to make shingles vaccine routine for all Americans 60 and older.

Most people older than 65 will get some coverage from Medicare Part D for the vaccine, although coverage may vary from plan to plan. "Personally, I think that covering the vaccine is a great investment for Medicare," says Donald H. Gilden, MD, chair of the department of neurology at the University of Colorado School of Medicine in Denver.³ Paying for the vaccine will save insurers the cost of treating people who would otherwise get shingles. **MPM**

References

1. Robert H. Dworkin, PhD, professor of anesthesiology, neurology, oncology, and psychiatry; director, Anesthesiology Clinical Research Center, University of Rochester School of Medicine and Dentistry, Rochester, N.Y.
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