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Clinical Decision Points:
Profiles in Patient Care for Nurse Practitioners and Physician Assistants
Based on a Series of National CME/CE Symposia

Q&A: Herpes Zoster

What Your Colleagues Around the Country Want to Know...

Q: Is the herpes zoster vaccine a live vaccine?

A: The zoster vaccine is a lyophilized preparation of a live, attenuated strain of the varicella zoster virus. To maintain potency, lyophilized zoster vaccine must be stored frozen at an average temperature of 5°F (-15°C) until it is reconstituted for injection. Once reconstituted, the vaccine should be used immediately to minimize loss of potency. The vaccine must be discarded if not used within 30 minutes after reconstitution. Because it is a live, attenuated vaccine, it should not be administered to anyone with impaired cell-mediated immunity such as patients with AIDS or lymphoma.

Q: Is this a "one-time only" vaccine?

A: A booster dose is not licensed for the herpes zoster vaccine. Although the vaccine's protection lasts for at least 4 years, if immunity against the disease is reduced, a booster shot may be necessary. Clinical follow-up studies are being conducted to determine how long the vaccine remains effective.

Q: Can the vaccine be given to people <60 years of age?

A: The herpes zoster vaccine is not approved by the US Food and Drug Administration or recommended by the Advisory Committee on Immunization Practices in patients younger than 60 years of age since its efficacy has not been rigorously evaluated in this patient population. However, studies are ongoing to assess the safety and efficacy of the herpes zoster vaccine in patients younger than 60 years of age.

Q: How likely is recurrence of herpes zoster?

A: Although data are limited, certain studies suggest a recurrence rate higher than once thought. A community-based study of clinician-diagnosed zoster conducted in Olmsted County, Minnesota,



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demonstrated an overall recurrence rate of 1.4% during a 3-year period. This suggests that an episode of zoster does not necessarily protect against recurrence. The risk for zoster recurrence is elevated even further in immunocompromised persons, such as those infected with HIV. The Advisory Committee on Immunization Practices recommends vaccination of all individuals older than 60 years of age whether or not they previously have had herpes zoster.

Q: How common is the development of herpes zoster in patients <60 years of age?

A: Herpes zoster can occur in any age group, although the rate is much lower in young patients. For example, the rate is roughly 1 per thousand per year for someone in their early 20s and about 10 per thousand per year for someone in their 60s or 70s. It is fairly uncommon in children and adolescents. Clearly, individuals older than 60 years of age are at the highest risk because of the decreasing cell-mediated immunity that occurs with age.

Q: How contagious is herpes zoster?

A: Unlike chickenpox, which is highly contagious and can be spread by droplet transmission, airborne transmission, and direct contact, a susceptible individual could contract the virus from a person with herpes zoster by means of direct skin contact with open vesicles. Newborns or those who are ill or immunosuppressed, such as patients with cancer, are at the highest risk if they come in contact with these blisters.

Q: Are any topical creams recommended for zoster rashes?

A: Calamine lotion or an over-the-counter cream containing at least 1% hydrocortisone may help relieve the itching of herpes zoster rashes. Topical corticosteroid creams may be helpful for severe rashes. Silver sulfadiazine cream may be soothing and provide antibacterial action. Because of the nature of capsaicin cream (derived from chili peppers), its use to help manage herpes zoster pain should be avoided until the rash has completely healed.