Shingles vaccine continues to be profoundly under-utilized

By ACSH Staff — September 13, 2013

The painful skin and nerve disorder, shingles, is caused by a re-awakened chickenpox virus (medically, the varicella-zoster virus, VZV). Before the introduction of the two-dose chickenpox vaccine, Varivax, in the early 1990s, almost everyone contracted the itchy pustular contagion during infancy or childhood. Nowadays, clinical chickenpox is highly unusual, outside of those pockets of vaccine denial becoming (unfortunately) more commonplace due to superstitious fears. Fortunately, we now (since 2006) have a vaccine to protect specifically against shingles: Zostavax. But it is being widely ignored.

Shingles occurs many years later in some people who have had prior VZV infection; no one knows precisely why some are susceptible, but the incidence of shingles increases dramatically with age, especially after age 60 [2]. While the condition is somewhat similar, clinically, to chickenpox, in that it causes painfully itchy blisters surrounded by a red rash, shingles is unique in that the inflammation travels along a nerve route (dermatome), running for example from the cervical root in the neck down the arm. It can involve just about any nerve in the body, and when it affects the ophthalmic nerve (in the eye), it can cause visual impairment and even painful corneal ulcers.

Although in three-quarters of the victims the condition dissipates over the course of a week or two, leaving no trace usually, in about 25 percent a lingering, very disturbing type of pain lasts weeks or months. This pain, called dysesthesia, is characterized by burning and tingling and is highly resistant to treatment with commonly used pain relievers. Its sufferers can barely function due to the distressing discomfort, so it becomes life-altering for many. This condition is called post-herpetic neuralgia (PHN), and is the main reason why everyone 60 years old and older should get their shingles vaccine. (In 2011, the FDA updated their recommendations [3] for the age group advised to get the vaccine, lowering the age to 50 or older).

Unfortunately, the people who could most benefit from the vaccine’s protection, the 60-and-over population, are not getting the message. A new report presented [4] at the Interscience Conference on Anti-Microbial Agents and Chemotherapy revealed that the proportion of patients 60 and older who reported having been vaccinated against the herpes zoster virus in 2011 only represented 15.8% of those in that age group, according to Melissa Johnson, Pharm.D., of Duke University
Medical Center, and colleagues.

The authors conducted a retrospective analysis [5] of cross-sectional data from 47,933 patients ages 50 and older who participated in the National Health Interview Survey and answered questions on whether or not they had been vaccinated for shingles. Data were collected annually from 2008 to 2011. The “good news” is that the vaccine uptake did increase from its very low level of 2008, and has increased slightly each year.

ACSH s Dr. Elizabeth Whelan had this comment: I don’t think the reason for this unacceptably low uptake of the shingles vaccine is due to fear of the alleged side-effects that parents fear with children’s vaccines which are of course baseless. The seniors are not getting the information they need to request the vaccine, and worse still, many of their doctors are not advising them to get it. Then there is the problem of cost, since without appropriate insurance the shot can run to $100 or more. Hopefully more older Americans will find themselves covered for this important and safe vaccine, and more doctors will stock it and recommend it for their patients. Public health experts and communicators must do a better job here.

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