GSK’s experimental shingles vaccine over 97 percent effective, according to researchers

By ACSH Staff — April 28, 2015

Shingles, also called herpes zoster, is a reactivation of the dormant chickenpox virus in the body. Often, this reactivation that leads to the disease occurs years or even decades after a chickenpox infection. The first symptoms of shingles are extreme sensitivity or pain in a broad band on one side of the body, followed by a raised red rash and blisters 1 to 3 days after the pain starts. The blisters then form scabs by about 10 to 12 days. There are more than 3 million cases of Shingles per year in the United States, most cases occurring in people over 60 years of age.

An experimental shingles vaccine from GlaxoSmithKline has been reported this week to be effective across all age groups in a Phase III trial, according to researchers. There is currently another shingles vaccine already on the market, Merck’s Zostavax; however, Zostavax has been shown to be less effective among people age 70 and older. GSK’s vaccine HZ/su (herpes zoster subunit) showed no diminution in efficacy with age. According to a release in December, HZ/su reduced the risk of shingles by 97.2 percent in adults aged 50 and older. Zostavax reduces the risk of developing shingles by about 50 percent.

Unfortunately, vaccine uptake for shingles is extremely low. According to a 2013 report, only 15.8 percent of patients 60 and older had been vaccinated against the herpes zoster virus. Shingles can lead to periods of nerve pain called post-herpetic neuralgia (PHN), which is extremely uncomfortable and can last months or years after the rash has resolved. Especially for this reason, people 60 years of age and older should get vaccinated against shingles.

ACSH’s Dr. Gil Ross had this comment: It’s a shame that more older Americans are not getting this highly effective and safe protection. Shingles is thankfully not very common, but it is far from rare. I predict if it were more common, the vaccine would be much more commonly, as anyone who knows anyone who had the infection would run, not walk, to get the protection. More education must be done by, say, the CDC and local public health officials, and barriers (e.g. financial) should be lowered.