what Shingles is a painful localized skin rash often with blisters that is caused by the Varicella-zoster virus (VZV), the same virus that causes chickenpox. Anyone who has had chickenpox can develop Shingles because the VZV remains in the nerve cells of the body after the chickenpox infection clears and the VZV can reappear years later causing Shingles. Shingles most commonly occurs in people 50 years old or older. People who have medical conditions, have chronic medical conditions, or are 60 years old or older, even those with a history of Shingles or who have Shingles and its associated pain in people with no chronic medical conditions are at higher risk of developing Shingles. Shingles vaccine is recommended by the Advisory Committee on Immunization Practices (ACIP) to reduce the risk of

Vaccination Protocols

Shingles (Herpes Zoster)
Who gets the Shingles Vaccine?

When: A one time dose is given to people 60 years or older. Both Blue Shield and UMR health plans cover shingles vaccine for members 60 years and older, although the vaccine is also licensed for people 50-59 years old.

Zoster vaccine should be administered at least 14 days before initiation of immunosuppressive therapy, although some experts advise waiting 1 month after zoster vaccination to begin immunosuppressive therapy if delay is possible. Persons taking chronic acyclovir, famciclovir, or valacyclovir should discontinue these medications at least 24 hours before administration of zoster vaccine, if possible. These medications should not be used for at least 14 days after vaccination, by which time the immunologic effect should be established.
Vague feeling of discomfort, and redness at the injection site, headache, feeling of aches, fatigue or a slight fever, chest pain, nausea, headache, family history of heart disease, diabetes or cancer, stroke, heart disease, or viral infection. There can be minor reactions, including pain, redness, swelling, or tenderness.

Anyone with a temperature of 101.3°F or higher as with the rapid onset of symptoms, they may develop a mild fever and flu-like symptoms such as a cold, may be vaccinated. But anyone with a moderate or severe acute illness should usually wait until they recover before getting the vaccine. This includes illnesses such as severe flu, acute illnesses, and severe acute respiratory syndrome (SARS) and reduces the chances of getting chronic pain after shingles injection by 57%. Someone with a minor acute shingles infection has half the risk of getting shingles by half.

**Contraindications/risks and benefits**
A person should not get the shingles vaccine who:

- Has HIV or other clinical manifestations of AIDS, including persons with CD4+ T-lymphocyte values <200 per mm³ or <15% of total lymphocytes.
- Has active or latent infection with varicella zoster virus (EBV).
- Has leukemia, lymphoma, or other malignancies affecting the bone marrow or lymphatic system; however, patients whose leukemia is in remission and who have not received chemotherapy or radiation for at least 3 months can receive the zoster vaccine.
- Has ever had a life-threatening allergic reaction to gelatin, the antibiotic neomycin, or any other component of shingles vaccine.
Procedure

1. Direct the care of the patient if the patient is 60 years old or older and has had previous reactions to the vaccine.

2. Confirm that there are no contraindications to the vaccine.

3. Administer the vaccine to the patient, following the manufacturer's instructions.

4. Expect the patient to experience no adverse effects after receiving the vaccine.

5. Check the container of the storage vaccine by checking the expiration date and the temperature of the freezer. If the vaccine is not stored properly, the vaccine is discarded.

6. Store the vaccine in the freezer at 2° to 8°C (36° to 46°F) for 30 minutes before injection. The vaccine should be kept at temperatures between 2° to 8°C (36° to 46°F) during transportation and storage.

7. The vaccine should be administered to the patient within 30 minutes of preparation. The vaccine should be administered to the patient within 30 minutes of preparation.

Reference: MMWR June 6, 2008;57(05):1-30