

Patient Immunization FAQ Sheet

Shingles Vaccine:

Q: Who should get the shingles vaccine (Zostavax®)?

A: Anyone 60 years of age or above should get the shingles (herpes zoster) vaccine. There is no maximum age limit on who can get the vaccine.

Q: I already had shingles before. Do I still need to get a shingles vaccine?

A: Yes, it is highly recommended that you get a shingles vaccine, even if you had shingles before. Getting the vaccine can prevent future outbreaks of shingles, which can cause nerve pain lasting for months or years. This vaccine can not treat an active case of shingles nor does it treat nerve pain that you developed from a previous outbreak.

Q: I cannot remember if I got chickenpox in my life. Should I still get the shingles vaccine?

A: Yes, you should still get the shingles vaccine. Even if you do not remember, you were most likely already exposed to chickenpox. About 99% of Americans 40 years of age and older have had chickenpox and are therefore at risk for shingles.

Q: How often and how many doses of shingles vaccine do I need?

A: It is currently recommended that you get one dose once in your life.

Q: How long does the shingles vaccine work?

A: Unknown. Research is still ongoing.

Q: What side effects will I experience after getting a shingles vaccine?

A: Common side effects you may experience after the shot include soreness, swelling, itching, and/or redness around the arm that you received the shot. Headache is also common.

Q: If I get the shingles vaccine, do I need to avoid close contact with children and pregnant women?

A: No. There have been no reports of people who have given the virus to other people after receiving the vaccine. In rare cases, a “Varicella-like rash” can form at the injection site. As a precaution, it may be prudent to cover the area to prevent infection.

Q: What are the costs of treating a shingles outbreak?

A: It costs an average of \$1052 for one year of shingles-related.¹ If a person also develops nerve pain (“postherpetic neuralgia”), the average cost of treatment for one year increases to \$3815. Based on these numbers, the benefits of receiving one shingles vaccine outweigh the cost of treating a shingles outbreak.

Q: Who should NOT get the shingles vaccine?

A: The following people should not get the shingles vaccine:

1. People who have had a life-threatening allergic reaction to gelatin or the antibiotic neomycin (found in Neosporin®)
2. People who have a severe allergy to any vaccine ingredients

3. People with a weakened immune system as a result of leukemia, lymphoma, or any other blood or bone cancer
4. People with HIV/AIDS who have T-cell counts below 200
5. People using medications that affect the immune system, including high-dose steroids
6. Women who are or might be pregnant

Q: Will my insurance cover my shingles vaccination?

A: Most Medicare Part D plans will cover a portion of the vaccine, but you will be responsible for the co-pay. Please contact your insurance plan to find out if this vaccination is covered.

Q: Where can I get more information about Zostavax®?

A: You can visit the manufacturer's website at <http://www.zostavax.com/>.

Seasonal Flu Vaccine:

Q: Can I get the flu from getting a flu shot?

A: No. A flu shot contains killed (inactivated) influenza virus. Because the virus is killed, the flu shot cannot give you the flu. If you get sick after receiving the shot, it is because you either already caught the virus before getting the shot or have been infected with another virus or bacteria that presents with "flu-like symptoms".

Q: What side effects will I experience after getting a flu shot?

A: Common side effects you may have after the shot include soreness and redness around the arm that you received the injection, aches, and low grade fever. These side effects usually last for 1-2 days.

Q: Do I have to wait until October and November to get my flu shot?

A: No. The Centers for Disease Control and Prevention (CDC) issued the following statement: "Yearly flu vaccination should begin in September or as soon as vaccine is available and continue throughout the influenza season, into December, January, and beyond. This is because the timing and duration of influenza seasons vary. While influenza outbreaks can happen as early as October, most of the time influenza activity peaks in January or later."

By starting early, you will be protected for the entire flu season.

Q: Will last season's flu vaccine protect me this season?

A: No. The vaccine protects for up to one year. Influenza viruses are always changing. Because of this, influenza vaccines are updated every year, and an annual vaccination is recommended even if you were vaccinated the previous year and one or more of the vaccine strains remains in the new formulation.

Q: How soon does the flu shot work?

A: After you get your flu shot, your body takes up to 2 weeks to make *antibodies*. *Antibodies* protect you from getting sick by fighting off the flu virus. During this time, you are still at risk for catching the flu. It is recommended that you get the flu shot as soon as it becomes available.

Q: Who should get the flu shot?

A: Anyone who wants to reduce the likelihood of becoming ill with influenza or spreading influenza to others. The CDC recommends a yearly seasonal flu shot to the following people:

1. Children aged 6 months up to their 19th birthday
2. Pregnant women
3. People 50 years of age and older
4. People of any age with certain long-term health conditions
5. People who live in nursing homes or long-term care facilities
6. People who live with or care for those at high risk for complications from flu, including:
 - a. Health care workers
 - b. Those who have contact with persons at high risk for complications from the flu
 - c. Those who have contact with or care for children <5 years of age, especially children <6 months of age

Q: Who should NOT get the flu shot?

A: The following people should not get a flu vaccine without first talking to a physician:

1. People who have a severe allergy to chicken eggs
2. People who have had a severe reaction to an influenza shot
3. Children less than 6 months of age
4. People who have a moderate-to-severe illness with a fever (they should wait until they recover to get vaccinated)
5. People who developed Guillain-Barré syndrome (GBS) within 6 weeks of getting an influenza shot

Miscellaneous:

Q: I have heard that a preservative in the vaccine can cause health problems. Are preservative-free vaccines any safer?

A: There is no difference in safety between vaccines with preservatives and preservative-free vaccines. *Thimerosal* is a preservative that kills bacteria which could cause infection whenever we get shots. So far, research done in the United States and around the world has not shown a link between *thimerosal* in vaccines to autism, a developmental disorder diagnosed in children. In 2004 the Institute of Medicine reviewed many studies looking into this theory and concluded that there is no evidence of such a relationship. Therefore, it is safe for children and pregnant women to receive vaccines that contain *thimerosal*.

Q: Can the pharmacist at my local pharmacy immunize my child?

A: Not in Arizona. Arizona law does not allow pharmacists in Arizona to immunize children less than 18 years of age. Please take your child to the pediatrician or visit the Community Information and Referral website online at <http://cir.org/immunizations.html> to find a free childhood immunization clinic located nearest to you.

Q: How many doses of combined hepatitis A and B vaccine (Twinrix®) do I need to be properly immunized?

A: It depends on what schedule you prefer. The “routine” schedule consists of a series of 3 shots, each given several months apart. There is an “accelerated” schedule that consists of a series of 4 shots, each given a few days apart with the final booster dose given 12 months later, but this is an option reserved for people traveling out of the county who can not be fully immunized before their trip. The following table describes the two schedules:

Schedule Type	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose
3-Dose Schedule (Routine)	Today	1 month after 1 st dose	6 months after 1 st dose	-----
4-Dose Schedule (Accelerated- Travel only)	Today	7 days after 1 st dose	21-30 days after 1 st dose	12 months after 1 st dose

Q: What are the differences between the tetanus shots (DTaP, Tdap, DT, and Td)?

A: Tetanus shots contain a mix of tetanus and diphtheria *toxoids*. Sometimes, *acellular* pertussis is included. The *toxoid* contents will protect you from disease-causing toxins made by the tetanus and diphtheria bacteria. The *acellular* pertussis content is made of pieces of pertussis bacteria, which will protect you from infection. The table below summarizes the four types of tetanus shots:

Type of Shot	Contents of Shot	Who Gets the Shot	Defining Differences
DTaP	- Diphtheria toxoid - Tetanus toxoid - Acellular Pertussis	- Children <u>under 7 years old</u> - Given as a series of 5 shots	Compared to DTaP, Tdap contains a higher dose of tetanus and lower doses of diphtheria and pertussis
Tdap	- Diphtheria toxoid - Tetanus toxoid - Acellular Pertussis	- <u>11 years of age and older</u> - Use as a <u>once-only</u> booster for adults	
DT	- Diphtheria toxoid - Tetanus toxoid	- Children <u>under 7 years old</u> who cannot receive pertussis shot	Compared to DT, Td contains a lower dose of diphtheria
Td	- Diphtheria toxoid - Tetanus toxoid	- <u>7 years of age and older</u> - Use for routine <u>10-year</u> booster	

Q: I have received my first pneumococcal vaccine (PPSV23). Do I need to get a booster shot every 5 years?

A: If you are 65 years of age and older now AND were 65 years of age and older when you received your first dose, a single dose is all you need. You should receive a second dose if you had your first pneumococcal shot before the age of 65, and 5 years or more have elapsed. People with diabetes, heart disease, lung disease, a weakened immune system, HIV infection, or a spleen that does not work well will receive a dose before age 65 and a second dose at age

65 for a total of 2 doses. No data has shown that receiving more than 2 doses of the vaccine will better protect you.

Q: I am 65 years old. What shots would you recommend that I get?

A: It is recommended that you get the following vaccines:

Type of Vaccine	When to Get it	How Often?
Pneumococcal (PPSV23)	65 years of age and above	One-time dose; two doses if you are at high risk of catching pneumococcal infection
Shingles (Herpes Zoster)	60 years of age and above	One-time dose
Seasonal Flu	50 years of age and above	One dose yearly
Tetanus	----	Every 10 years
Travel Vaccines	----	When traveling outside the U.S.
Other vaccines	New vaccines are available and your immunization records should be reviewed by your physician or Immunization Trained Pharmacist to determine if your vaccines are up to date.	

References:

1. White RR, Lenhart G, Singhal PK et al. Incremental 1-year medical resource utilization and costs for patients with herpes zoster from a set of US health plans. *Pharmacoeconomics*. 2009;27:781-92.
2. Centers for Disease Control and Prevention. Vaccines and immunizations. <http://www.cdc.gov/vaccines/> (accessed 2010 Mar 14).
3. MayoClinic.com. Adult Health: vaccines for adults. <http://www.mayoclinic.com/health/vaccines/ID00016> (accessed 2010 Mar 14).
4. Immunization Action Coalition. Diseases and vaccines. <http://www.immunize.org/vaccines/> (accessed 2010 Mar 14).