

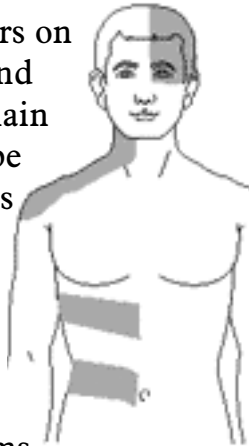
# SHINGLES VACCINE

## WHAT YOU NEED TO KNOW

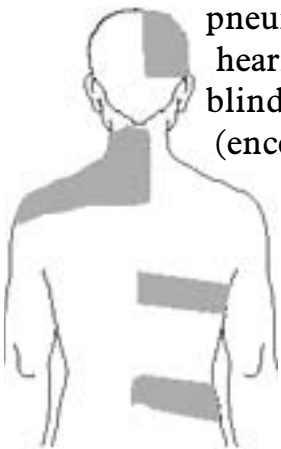
### 1 What is shingles?

Shingles is a painful skin rash, often with blisters. It is also called Herpes Zoster.

A shingles rash usually appears on one side of the face or body and lasts from 2 to 4 weeks. Its main symptom is pain, which can be quite severe. Other symptoms of shingles can include fever, headache, chills and upset stomach. Very rarely, a shingles infection can lead to



pneumonia, hearing problems, blindness, brain inflammation (encephalitis) or death.



For about 1 person in 5, severe pain can continue even after the rash clears up. This is called **post-herpetic neuralgia**.

Shingles is caused by the Varicella Zoster virus, the same virus that causes chickenpox. Only someone who has had a case of chickenpox – or gotten chickenpox vaccine – can get shingles. The virus stays in your body. It can reappear many years later to cause a case of shingles.

You can't catch shingles from another person with shingles. However, a person who has never had chickenpox (or chickenpox vaccine) could get **chickenpox** from someone with shingles. This is not very common.

Shingles is far more common in people 50 and older than in younger people. It is also more

common in people whose immune systems are weakened because of a disease such as cancer, or drugs such as steroids or chemotherapy. At least 1 million people a year in the United States get shingles.

### 2 Shingles vaccine

A vaccine for shingles was licensed in 2006. In clinical trials, the vaccine prevented shingles in about half of people 60 years of age and older. It can also reduce the pain associated with shingles.

A **single dose** of shingles vaccine is indicated for adults **60 years of age and older**.

### 3 Some people should not get shingles vaccine or should wait

A person should not get shingles vaccine who:

- has ever had a life-threatening **allergic reaction** to **gelatin**, the antibiotic **neomycin**, or **any other component of shingles vaccine**. Tell your doctor if you have any severe allergies.
- has a **weakened immune system** because of
  - HIV/AIDS or another disease that affects the immune system,
  - treatment with drugs that affect the immune system, such as steroids,
  - cancer treatment such as radiation or chemotherapy,
  - a history of cancer affecting the bone marrow or lymphatic system, such as leukemia or lymphoma.
- has active, untreated **tuberculosis**.

- is **pregnant**, or might be pregnant. Women should not become pregnant until at least three months after getting shingles vaccine.

Someone with a minor illness, such as a cold, may be vaccinated. But anyone who is moderately or severely ill should usually wait until they recover before getting the vaccine. This includes anyone with a temperature of 101.3°F or higher.

#### 4 What are the risks from shingles vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. However, the risk of a vaccine causing serious harm, or death, is extremely small.

No serious problems have been identified with shingles vaccine.

#### Mild Problems

- Redness, soreness, swelling, or itching at the site of the injection (about 1 person in 3).
- Headache (about 1 person in 70).

Like all vaccines, shingles vaccine is being closely monitored for unusual or severe problems.

#### 5 What if there is a moderate or severe reaction?

#### What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. These usually occur within the first few hours after vaccination.

#### What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not provide medical advice.*

#### 6 How can I learn more?

- Your provider can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)**
  - Visit CDC's website at [www.cdc.gov/nip](http://www.cdc.gov/nip)



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**CENTERS FOR DISEASE CONTROL AND PREVENTION**  
 NATIONAL CENTER FOR IMMUNIZATION AND RESPIRATORY DISEASES



# IMMUNIZE L.A.

## Zoster (for Shingles) Vaccination Consent Form

I have read and understood the above information about Zoster (for Shingles) vaccination. I have had a chance to ask questions. I understand the benefits and risks of Zoster (for Shingles) vaccination and request that vaccine be given to me or the person named below whom I am authorized to sign for.

Information of Person to Receive Vaccine			
Name (Please print)	Birth date	Age	
Address: Street	City	State	Zip
Phone Number			
X			
Signature (Person receiving Vaccine or Parent or Guardian)			Date

For Clinic Use	
<input type="checkbox"/> <b>Plaza West Pharmacy</b> 19631 Parthenia Street Northridge, CA 91324 Phone: (818) 886-4900	<input type="checkbox"/> <b>Olympia Plaza Pharmacy</b> 5901 W. Olympic Blvd., #103 Los Angeles, CA 90036 Phone: (323) 937-2590
<b>Date of Vaccination:</b>	
<b>Manufacture/ lot number:</b>	
<b>Site of Injection:</b>	
<b>Chronic Diseases:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	



# IMMUNIZE L.A.

## Screening Questionnaire

The following questions will help us determine which vaccines may be given today. If a question is not clear, please ask your health care provider to explain it.

	Yes	No	Don't Know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, or any vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had x-ray treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. For women: Are you pregnant or is there a chance you could become pregnant in the next three months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X

Signature (Person receiving Vaccine or Parent or Guardian)

Date

**Did you bring your immunization record card with you?**      Yes       No

It is important for you to have a personal record of your vaccinations. If you don't have a record card, ask your health care provider to give you one. Bring this record with you every time you seek medical care. Make sure your health care provider records all your vaccinations on it.

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