

# Recombinant Zoster (Shingles) Vaccine: *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

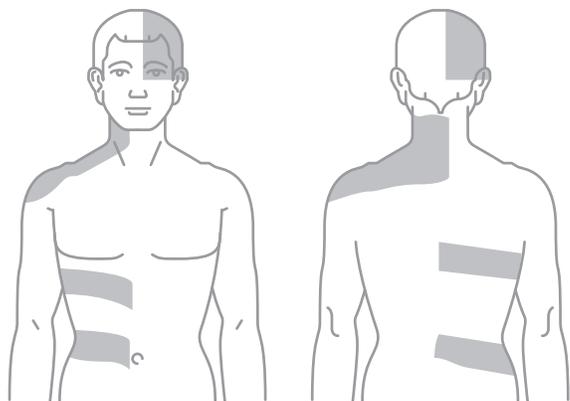
Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

Recombinant zoster (shingles) vaccine can prevent shingles.

**Shingles** (also called herpes zoster, or just zoster) is a painful skin rash, usually with blisters. In addition to the rash, shingles can cause fever, headache, chills, or upset stomach. More rarely, shingles can lead to pneumonia, hearing problems, blindness, brain inflammation (encephalitis), or death.

The most common complication of shingles is long-term nerve pain called postherpetic neuralgia (PHN). PHN occurs in the areas where the shingles rash was, even after the rash clears up. It can last for months or years after the rash goes away. The pain from PHN can be severe and debilitating.



About 10 to 18% of people who get shingles will experience PHN. The risk of PHN increases with age. An older adult with shingles is more likely to develop PHN and have longer lasting and more severe pain than a younger person with shingles.

Shingles is caused by the varicella zoster virus, the same virus that causes chickenpox. After you have chickenpox, the virus stays in your body and can cause shingles later in life. Shingles cannot be passed from one person to another, but the virus that causes shingles can spread and cause chickenpox in someone who had never had chickenpox or received chickenpox vaccine.

## 2 Recombinant shingles vaccine

Recombinant shingles vaccine provides strong protection against shingles. By preventing shingles, recombinant shingles vaccine also protects against PHN.

**Recombinant shingles vaccine is the preferred vaccine for the prevention of shingles.** However, a different vaccine, live shingles vaccine, may be used in some circumstances.

The recombinant shingles vaccine is recommended for **adults 50 years and older** without serious immune problems. It is given as a two-dose series.

This vaccine is also recommended for people who have already gotten another type of shingles vaccine, the live shingles vaccine. There is no live virus in this vaccine.

Shingles vaccine may be given at the same time as other vaccines.

## 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of recombinant shingles vaccine**, or has any **severe, life-threatening allergies**.
- Is **pregnant or breastfeeding**.
- Is **currently experiencing an episode of shingles**.

In some cases, your health care provider may decide to postpone shingles vaccination to a future visit.



People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting recombinant shingles vaccine.

Your health care provider can give you more information.

## 4 Risks of a vaccine reaction

- A sore arm with mild or moderate pain is very common after recombinant shingles vaccine, affecting about 80% of vaccinated people. Redness and swelling can also happen at the site of the injection.
- Tiredness, muscle pain, headache, shivering, fever, stomach pain, and nausea happen after vaccination in more than half of people who receive recombinant shingles vaccine.

In clinical trials, about 1 out of 6 people who got recombinant zoster vaccine experienced side effects that prevented them from doing regular activities. Symptoms usually went away on their own in 2 to 3 days.

You should still get the second dose of recombinant zoster vaccine even if you had one of these reactions after the first dose.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

## 6 How can I learn more?

- Ask your health care provider.
- 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)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement  
**Recombinant Zoster  
Vaccine**



Office use only

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### Recombinant Zoster (Shingles) Vaccine Consent Form

I have read and understood the above information about Recombinant Zoster (Shingles) vaccination. I have had a chance to ask questions. I understand the benefits and risks of Recombinant Zoster (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): Last Name, First Name    Date of Birth			
Address: Street		City	State    Zip
Phone Number			
X			
Signature (Person receiving Vaccine or Parent or Guardian)			Date

For Clinic Use Only	
Date of Vaccination:	
Manufacture/ Lot Number:	
Site of Injection:	
Chronic Diseases:	<input type="checkbox"/> Yes <input type="checkbox"/> No



# Immunize Los Angeles

5901 W. Olympic Blvd, Ste 103, Los Angeles, CA 90036

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## 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"/>

\_\_\_\_\_  
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.