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| **PROTOCOL TITLE:** **Shingrix® Immunization Guidelines of Pre- and Post- Solid Organ Transplant Recipients** |
| **APPLICABLE FACILITIES:**[ ] EHC [ ] EDH [ ] EHH [ ] EHI [ ] EHN [ ] EJCH [ ] ELTAC [x] ESJH[x] EUH [ ] EUHM [ ] EUHS [ ] EUOSH [ ] EWWH [ ] RJV-ERH [ ] RJV-ESOP [x] TEC/ESA |
| **EFFECTIVE DATE:** 1/25/2023 | **ORIGINATION DATE:** 10/01/2019 |

**CATEGORY:**

Choose One or More: CPOE, **Diagnostic/Therapeutic/Preventive**, Invasive Equipment, **Medication Guidelines**, Noninvasive Equipment, Other, Teaching

**LEVEL:**

Choose One: Dependent, **Independent,** or Interdependent

**CONTENT:** These guidelines were developed to standardize the use of Shingles immunization practices across the Emory Transplant Center and the Emory solid organ transplant programs.

Background: The shingles vaccine, Shingrix® (recombinant vaccine), is used to protect against shingles and postherpetic neuralgia. Shingrix® is more than 90% effective in preventing shingles, and there is no live virus in the vaccine. The Advisory Committee on Immunization Practices (ACIP) currently recommends all healthy, immunocompetent adults age 50 years and older, and all patients 19 years and older who are immunocompromised, receive the Shingrix® vaccine.

1. All patients age 19 years and older who have received a transplant or are listed for a transplant should receive 2 doses of the Shingrix® vaccine separated by 2-6 months.
	1. Patients can still receive Shingrix® if they had shingles in the past, received Zostavax® already, or are not sure if they had chickenpox.
	2. Patients should **NOT** receive Shingrix® if they have had a severe reaction to any component of the vaccine, currently have shingles, currently pregnant or breastfeeding, or if they have a known history of negative immunity to varicella (screening for varicella immunity is not required if unknown).
	3. Patients who have had Shingles disease should receive the Shingrix® vaccine series if they otherwise qualify. However, these patients should wait at least 6 months after resolution of the disease prior to receiving the Shingrix® vaccine
	4. Patients should **not** receive Shingrix® and Heplisav-B® or Fluad® on the same day, as these vaccines are adjuvanted. Patients should wait 4 weeks after receiving Heplisav-B® or Fluad® before receiving Shingrix®.
	5. It is safe to administer other vaccines on the same day as Shingrix®, but it is advised to use two different anatomical sites.
2. Pre-Transplant Patients:
3. Shingrix® is strongly recommended for patients age 19 years or older who are listed for a solid organ transplant.
4. Post-Transplant Patients:
5. All patients aged 19 years and older who are ≥ 6 months post-transplant are eligible to receive the Shingrix® vaccine.
6. All patients treated for rejection should wait until 3 months after treatment to receive the Shingrix® vaccine series.
7. Administration & Storage:
8. After reconstitution, administer vaccine immediately or store in the refrigerator between 2C and 8C (36-46F) and use within 6 hours.

1. The deltoid region of the upper arm is the preferred site of intramuscular infection.
2. Shingrix® can be administered concomitantly, at different anatomic sites, with other adult vaccines.
3. Follow-Up:
4. The second dose of Shingrix® should be scheduled 2 to 6 months after first dose is administered.
5. Once the first dose of the vaccine is administered, an appointment should be scheduled for the second dose.

**REFERENCES AND SOURCES OF EVIDENCE:**

* [www.cdc.gov/vaccines/vpd/shingles/public/shingrix/](http://www.cdc.gov/vaccines/vpd/shingles/public/shingrix/)
* <https://www.cdc.gov/vaccines/vpd/shingles/hcp/shingrix/recommendations.html>
* https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing\_Information/Shingrix/pdf/SHINGRIX.P