



# Zoster Vaccines Session: Introduction

**ACIP Meeting**

**September 29, 2021**

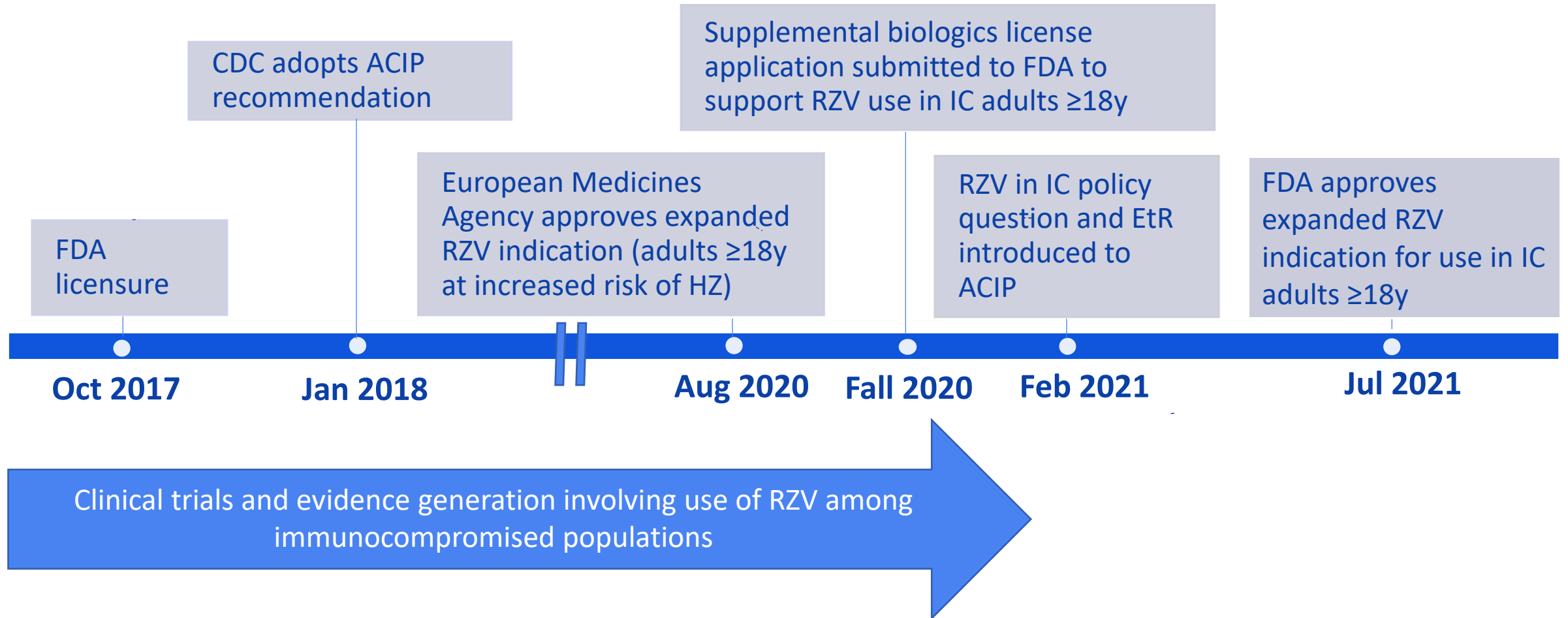
Camille Nelson Kotton, MD  
Chair, Herpes Zoster Work Group

# 2021 Herpes Zoster Work Group

ACIP Members	
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Lynn Bahta, RN, MPH	
Grace Lee, MD, MPH	
Ex Officio Members	
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Jeffrey Cohen, MD	NIH
Darcie Everett, MD, MPH	FDA
Jeffrey Kelman, MD	CMS
Liaison Representatives	
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Mary Pat Friedlander, MD	AAFP
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Elizabeth Rausch-Phung, MD, MPH	AIM
William Schaffner, MD	NFID
Kenneth Schmader, MD	AGS
Adam Welch, PharmD	APhA

Invited Consultants
Edward Belongia, MD
Al Benson, MD
Paul Cieslak, MD
Jeffrey Curtis, MD, MPH
Jay Fishman, MD
Rafael Harpaz, MD, MPH
Kelly Moore, MD, MPH
Vicki Morrison, MD
Steven Pergam, MD
Lisa Prosser, PhD
CDC Lead
Tara Anderson, DVM, MPH, PhD

# Timeline of Recombinant Zoster Vaccine (RZV, Shingrix)



Abbreviations: HZ-Herpes Zoster; IC-Immunocompromised; RZV-Recombinant Zoster Vaccine; EtR-Evidence to Recommendations Framework

# Policy Question

- **Should adults  $\geq 19$  years of age who are or will be immunodeficient or immunosuppressed due to disease or therapy be recommended to receive two doses of recombinant zoster vaccine for the prevention of herpes zoster and its complications?**
  
- **Including but not limited to:**
  1. Hematopoietic stem cell transplant (HSCT) recipients
  2. Patients with hematologic malignancies (HM)
  3. Renal or other solid organ transplant (SOT) recipients
  4. Patients with solid tumor malignancies (STM)
  5. People living with HIV
  6. Patients with primary immunodeficiencies, autoimmune conditions, and taking immunosuppressive medications/therapies

# PICO Question

<b>Population</b>	Immunocompromised (IC) adults $\geq 19$ years of age
<b>Intervention</b>	Recombinant zoster vaccine (RZV), 2 doses at least 4 weeks apart
<b>Comparison</b>	No vaccine
<b>Critical Outcomes</b>	<ul style="list-style-type: none"><li>• Prevent Herpes Zoster (HZ)</li><li>• Serious Adverse Events (SAEs)</li></ul>
<b>Important Outcomes</b>	<ul style="list-style-type: none"><li>• Prevent Postherpetic Neuralgia (PHN)</li><li>• Prevent HZ-Related Hospitalization</li><li>• Immune-Mediated Disease (IMD)</li><li>• Reactogenicity (Grade 3)</li><li>• Graft versus Host Disease (HSCT)</li><li>• Graft Rejection (SOT)</li></ul>

# June 2021 ACIP Meeting

- Burden of HZ in IC adults
- Use of RZV in IC populations: an overview of GSK's clinical program

EtR Domain	Question
Public Health Problem	Is the problem of public health importance?
Benefits and Harms	How substantial are the desirable anticipated effects?
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	Do the desirable effects outweigh the undesirable effects?
Values	Does the target population feel the desirable effects are large relative to the undesirable effects?
	Is there important variability in how patients value the outcomes?
Acceptability	Is the intervention acceptable to key stakeholders?
Feasibility	Is the intervention feasible to implement?
Resource Use	Is the intervention a reasonable and efficient allocation of resources?
Equity	What would be the impact of the intervention on health equity?

# Activities since June 2021 ACIP Meeting

- **Four work group meetings**
- **Reviewed and discussed**
  - Remaining EtR domains
    - Economic assessment of herpes zoster vaccination of IC populations who are 19–49-years-old
    - Primary care physicians' perspective related to RZV
    - GRADE analysis regarding use of RZV in IC adults
  - Special considerations for potential use of RZV in IC adults

# Today's Session

- **Economics of vaccinating immunocompromised 19–49-year-old adults against herpes zoster in the US**
- **Preliminary EtR regarding use of RZV in immunocompromised adults and next steps**
- **Discussion**



# Acknowledgments

- **ACIP HZWG:** Paula Agger, Robin Avery, Lynn Bahta, Carol Baker, Edward Belongia, Al Benson, Paul Cieslak, Jeff Cohen, Jeff Curtis, Jeff Duchin, Darcie Everett, Jay Fishman, Mary Pat Friedlander, Sandra Fryhofer, Rafael Harpaz, Jeff Kelman, Grace Lee, Vicki Morrison, Kelly Moore, Steve Pergam, Lisa Prosser, Elizabeth Rausch-Phung, Bill Schaffner, Ken Schmader, Adam Welch
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# Thank You

For more information, contact CDC  
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

