

SHINGLES FACT SHEET

SHINGLES IS A THREAT TO NEARLY EVERYONE

99% OF ADULTS **≥50** YEARS OLD are infected with the virus that causes shingles¹

1 IN 3 PEOPLE

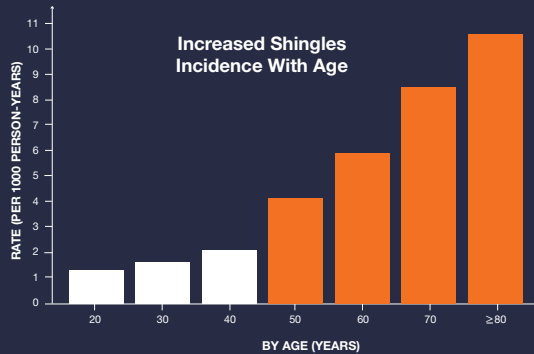
in the US will develop shingles in their lifetime²



There are an estimated **1 MILLION** cases of shingles each year in the US²

THE ROLE OF AGE

Age-related decline in immunity is a dominant driver of shingles²⁻⁴



- As immunity against the virus decreases with age, the risk of reactivation increases⁵
- By age 85, the lifetime risk of shingles rises from 1:3 to 1:2^{2,6}

SHINGLES COMPLICATIONS

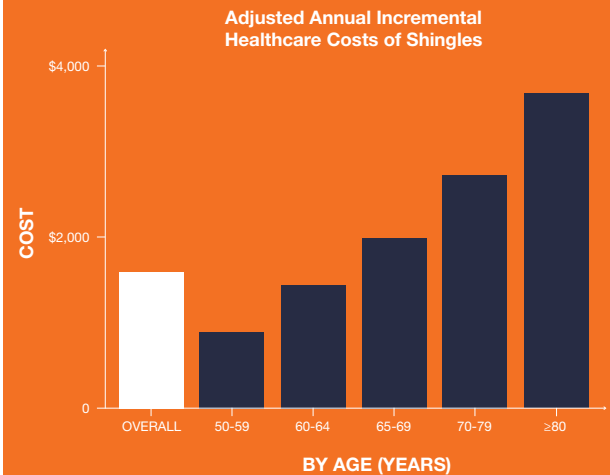
Shingles is a serious condition that can lead to postherpetic neuralgia (PHN), as well as other complications

PHN:

- PHN, pain persisting for 3 or more months after the resolution of a rash, is a potential complication of shingles⁷
- PHN affects **13% to 20%** of patients; incidence of PHN increases with age^{7,8}

AGE AND THE RISING COST OF SHINGLES⁹

- On average, shingles is associated with an additional **\$1,809** in healthcare costs for individual patients
- Studies have shown that costs associated with shingles increase with age



HOW CAN YOU HELP PROTECT YOUR PATIENTS?

As of 2015, only 30.6% of adults 60 years of age and older reported having received the shingles vaccine. Play a significant role in helping increase shingles vaccination rates and talk to your patients today.¹⁰

References: **1.** Kilgore PE, Kruszon-Moran D, Seward JF, et al. Varicella in Americans from NHANES III: implications for control through routine immunization. *J Med Virol.* 2003;70(suppl 1):S111-S118. **2.** Centers for Disease Control and Prevention. Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR.* 2008;57(RR-5):1-30. **3.** Hope-Simpson RE. The nature of herpes zoster: a long-term study and a new hypothesis. *Proc R Soc Med.* 1965;58(1):9-20. **4.** Kimberlin DW, Whitley RJ. Varicella-zoster vaccine for the prevention of herpes zoster. *N Engl J Med.* 2007;356(13):1338-1343. **5.** Weinberg A, Lazar AA, Zerhe GO, et al. Influence of age and nature of primary infection on varicella-zoster virus—specific cell-mediated immune responses. *J Infect Dis.* 2010;201(7):1024-1030. **6.** Schmader K. Herpes zoster in older adults. *Clin Infect Dis.* 2001;32(10):1481-1486. **7.** Kawai K, Gebremeskel BG, Acosta CJ. Systematic review of incidence and complications of herpes zoster: towards a global perspective. *BMJ Open.* 2014;4(6):e004833. **8.** Yawn BP, Saddier P, Wollan PC, et al. A population-based study of the incidence and complication rates of herpes zoster before zoster vaccine introduction. *Mayo Clin Proc.* 2007;82(11):1341-1349. **9.** Meyers JL, Madhwani S, Rausch D, Candrilli SD, Krishnarajah G, Yan S. Analysis of real-world health care costs among immunocompetent patients aged 50 years or older with herpes zoster in the United States. *Hum Vaccin Immunother.* 2017;13(8):1861-1872. **10.** Centers for Disease Control and Prevention. Surveillance of vaccination coverage among adult populations—United States, 2015. *MMWR.* 2017;66(SS-1):1-38.

