

Tel: 705-721-7520 Toll free: 1-877-721-7520 www.simcoemuskokahealth.org Your Health Connection



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# Publicly Funded Herpes Zoster (Shingles) Vaccine

Attention: Physicians, Nurse Practitioners, Family Health Teams, Walk-in Clinics

Date: September 12, 2016

Herpes Zoster (Shingles) vaccine will soon be publicly funded in Ontario for seniors 65-70 years of age. Health care providers may start administering the vaccine once the program has officially launched in mid-September. In preparation for the program launch, health care providers can now start to order the vaccine.

We will send an additional HealthFax about the immunization program once the program launch has occurred.

#### Vaccine Ordering Information

The Shingles vaccine is currently available in limited supply. Additional supply is expected to arrive in October. Orders may need to be adjusted based on vaccine availability. To order the vaccine for your practice:

- Submit a vaccine order, <u>using the new Vaccine Order Form attached</u> to this HealthFax (be sure to use the correct one based on which Health Unit office you pick up your vaccine at).
- Orders received by 3pm Tuesday September 13<sup>th</sup>, will be ready for pick up starting Tuesday September 20<sup>th</sup>.

In recent studies, the lifetime risk of HZ has been estimated to be as high as 30% in the general population. In Canada, there are an estimated 130,000 new cases of HZ, and 17,000 cases of post-herpetic neuralgia which result in 2,000 hospitalizations.

While Shingles vaccine is only publicly funded for those 65 to 70 years, it is licensed for use for those 50 years and older and recommended by the National Advisory Committee on Immunization (NACI) for all persons without contraindications from 60 years of age and older. For any individuals who do not qualify for the publicly funded Shingles vaccine, HCPs can continue to provide them with a prescription to purchase the vaccine from a pharmacy. The vaccine maybe covered by some insurance plans.

The following individuals should not get the Shingles vaccine (Zostavax®II) – a live, attenuated virus vaccine:

- Those with a history of anaphylaxis after previous administration of the vaccine and in persons with proven immediate or anaphylactic hypersensitivity to any component of the vaccine or its container. For Zostavax®II, known allergens include neomycin and porcine gelatin.
- Those with primary or acquired immune deficiency due to conditions such as: acute and chronic leukemias; lymphoma; other conditions affecting the bone marrow or lymphatic system; immunosuppression due to HIV/AIDS; or cellular immune deficiencies.
- Those with untreated active tuberculosis,
- Those with active herpes zoster (shingles) infection.
- Pregnant women and additionally, it is recommended that women avoid pregnancy for at least 4 weeks after the receipt of the vaccine.
- Shingles vaccine should not be administered to individuals who have recently used or are currently
  using immune suppressive medications which include most cancer chemotherapies (except
  tamoxifen, hydroxyurea and gonadotropin release inhibitors), methotrexate, high-dose systemic
  corticosteroids (20mg/day or more of prednisone for 14 days or more) and other agents. (See
  Appendix A below for a complete list of medications or at

http://healthycanadians.gc.ca/publications/healthy-living-vie-saine/4-canadian-immunization-guide-canadienimmunisation/index-eng.php?page=8#p4c7t1)

#### Other Important Information about Shingles Vaccine (Zostavax®II):

- Zostavax®II is fridge stable, and does not require storage in a freezer as with the original Zostavax product.
- Shingles vaccine can be given to those with or without a prior history of herpes zoster. The vaccine should be given at least one year following the last episode of HZ.
- Zostavax® II has been shown to be safe and effective for the prevention of herpes zoster and its complications. Based on a clinical study, the incidence of herpes zoster and post-herpetic neuralgia (the most frequent complication of acute herpes zoster), as well as the duration and severity of herpes zoster were significantly reduced in herpes zoster vaccine recipients. Overall vaccine efficacy was 51.3% for herpes zoster incidence and 66.5% for post-herpetic neuralgia.
- Patients with a history of Herpes Zoster Opthalmicus (HZO) should be informed that cases of recurrent HZO following vaccine have occurred, although causality has not been established, and the risk of recurrent HZO relative to the potential benefit of preventing future recurrences is unknown.
- Shingles vaccine should be administered to individuals eligible for the vaccine regardless of whether or not the person has a history of varicella infection. Nearly all Canadians eligible for shingles vaccine will have had prior varicella exposure, even if a diagnosis of varicella cannot be recalled. Therefore, the vaccine should still be offered to individuals to protect against herpes zoster.
- In studies, the most common side effects of receiving the shingles vaccine are mild and include injection site pain, swelling or redness. Other side effects that have been reported include: hard lump, itching, warmth, and bruising at the injection site. Headache and pain in an arm or leg were also reported. Please see the product monograph for a complete list of reported side effects.
- The duration of protection from a single herpes zoster vaccine dose is unknown beyond seven years and it is not known whether booster doses of vaccine are beneficial. The National Advisory Committee on Immunization (NACI) believes that there is insufficient evidence at this time to recommend booster doses of herpes zoster vaccine. This remains an area of ongoing research.

If you have any questions, please contact the Vaccine Preventable Disease Program at 705-721-7520 or 1-877-721-7520 ext. 8806

# Appendix A: Patients on the immunosuppressive medications below should not receive the shingles vaccine

Table 1: Immunosuppressive medications			
Immunosuppressive medication Example brand name (com			
Adapted from: <i>Guidelines to Determining Immunosuppressing Conditions or Med</i> Nova Scotia Department of Health and Wellness. Product monographs for drugs Health Canada's <u>Drug Product Database</u> . Table 1 - Footnote *			
For lower doses of these medications (such as used for rheumatologic conditions) therapy section above Return to footnote * referrer	onditions), refer to the <u>Immunosuppressive</u>		
6-mercaptopurine <sup>Table 1 - Footnote *</sup>	PURINETHOL <sup>®</sup> (Novopharm Ltd.)		
Alemtuzumab	MabCampath <sup>®</sup> (Genzyme Canada, Div. Of Sanofi-Aventis Canada Inc.)		
Anti-thymocyte globulin	Thymoglobulin <sup>®</sup> (Genzyme Canada, Div. Of Sanofi-Aventis Canada Inc.)		
Azathioprine <sup>Table 1 - Footnote *</sup>	IMURAN (Triton Pharma Inc.)		
Basiliximab	SIMULECT™ (Novartis Pharmaceuticals Canada Inc.)		
Cyclophosphamide	<ul><li>PROCYTOX (Baxter Corp.)</li><li>CYTOXAN</li></ul>		
Cyclosporine	NEORAL™ (Novartis Pharmaceuticals Canada Inc.)		
High-dose systemic corticosteroids (20 mg/day or more of prednisone or its equivalent for an adult) for 14 days or more Table 1 - Footnote *			
Leflunomide	ARAVA® (Sanofi-Aventis Canada Inc.)		
Methotrexate <sup>Table 1 - Footnote *</sup>			
Mitoxantrone			
Most cancer chemotherapies (except tamoxifen,hydroxyurea, and gonadotropin release inhibitors which are not considered immunocompromising) - If 3 months post-chemotherapy and the cancer is in remission, the person is not considered immunocompromised			
Mycophenolate mofetil	CellCept <sup>®</sup> (Hoffman-LaRoche Ltd.)		
Sirolimus	Rapamune <sup>®</sup> (Pfizer Canada Inc.)		
Tacrolimus	Prograf <sup>®</sup> (Astellas Pharma Canada Inc.)		
Non-TNF biologic immunosuppressives used in inflammatory disease	<ul> <li>Orencia™ (Bristol-Myers Squibb Canada)</li> <li>RITUXAN<sup>®</sup> (Hoffman-LaRoche Ltd.)</li> </ul>		

Table is from the Canadian immunization guide at <u>http://healthycanadians.gc.ca/publications/healthy-living-vie-saine/4-canadian-immunization-guide-canadien-immunisation/index-eng.php?page=8#p4c7t1</u>

#### simcoe muskoka DISTRICT HEALTH UNIT

Date: \_

## 2016 Vaccine Order Form Fax: 705-792-3835

Facility Name:	Phone #:		Facility Fax #:			
Facility Contact:	# of Fridges:	Туре:	🗆 Bar	□ Domestic	🗆 Purpose Bu	iilt 🗆 Othe
	om for pick up the following Tuesday vious 4 week temperature log			be between 2 - 8 <sup>c</sup> inquiries ext. 8808		be released
Vaccine Name	Product / Descrip	otion		Current Vaccine Inventory # of doses	Doses per Package	Requested Vaccine # of doses
Act HIB®	Haemophilus influenzae type b (Hib)				1	

Act HIB®	Haemophilus Influenzae type b (Hib)	1
ADACEL® / BOOSTRIX®	Diphtheria, Tetanus, Pertussis (Tdap) *14-16 yr. booster and one dose/adult lifetime	5
ADACEL®-POLIO / BOOSTRIX®- POLIO	Tetanus, Diphtheria, Pertussis and Polio (Tdap-IPV) *note: now prefilled syringes*	10
IMOVAX® Polio	Inactivated Polio (IPV)	1
Menjugate®	Meningococcal C Conjugate *note: now prefilled syringes*	10
M-M-R® II / PRIORIX® & Diluent	Measles, Mumps, Rubella (MMR)	10
Pediacel®	Diphtheria, Pertussis, Tetanus, Polio and Act-HIB	5
Pneumovax®23	Pneumococcal Polysaccharide 23-Valent vaccine	10
Prevnar®13	Pneumococcal 13-valent Conjugate for Childhood Immunization and High Risk Adults	10
Priorix-Tetra® / ProQuad® & Diluent	Measles, Mumps, Rubella, Varicella (MMRV) *Only for 4-11 yrs. who received one MMR and one varicella or no prior doses of MMR and varicella	10
Infanrix IPV®	DTaP-IPV *Only for 5 & 6 yrs. starting a primary series	1
Rotarix®	Rotavirus oral vaccine	1
TUBERSOL®	Tb Mantoux Test (Tb)	10
Td ADSORBED	Tetanus, Diphtheria (Td)	5
VARILRIX® / VARIVAX® III & Diluent	Varicella (Chicken Pox)	10
Zostavax®	Shingles *Only for those age 65-70	1
Нер А	For CORRECTIONAL FACILITIES ONLY *Eligible High Risk	
Нер В	For CORRECTIONAL FACILITIES ONLY *Eligible High Risk	

Separate order forms are required for the following vaccines: 
•High Risk HPV, Meningitis, Hep A & B 
•Influenza Vaccine 
•School Menactra
Forms are available at the Health Unit's website for Primary Care Providers: http://www.simcoemuskokahealth.org/JFY/PCPortal.aspx

Location to be picked up (please check):

Barrie

Collingwood

Cookstown

Midland

Please note: Immunization yellow cards and schedules can be picked up from reception.

VIM Order # (for office use only):

**Confidentiality Notice:** 

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### 2016 Vaccine Order Form Fax: 705-684-9834

Facility Name:	Phone #:	Facility Fax #:

Date:

Place orders by Tuesday 3 pm for pick up the following Tuesday •

Orders must include the previous 4 week temperature log

Coolers must be between 2 - 8 °C for vaccine to be released

Vaccine order inquiries ext. 8808 •

Vaccine Name	Product / Description	Current Vaccine Inventory # of doses	Doses per Package	Requested Vaccine # of doses
Act HIB®	Haemophilus influenzae type b (Hib)		1	
ADACEL® / BOOSTRIX®	Diphtheria, Tetanus, Pertussis (Tdap) *14-16 yr. booster and one dose/adult lifetime		5	
ADACEL®-POLIO / BOOSTRIX®- POLIO	Tetanus, Diphtheria, Pertussis and Polio (Tdap-IPV) *note: now prefilled syringes*		10	
IMOVAX® Polio	Inactivated Polio (IPV)		1	
Menjugate®	Meningococcal C Conjugate *note: now prefilled syringes*		10	
M-M-R® II / PRIORIX® & Diluent	Measles, Mumps, Rubella (MMR)		10	
Pediacel®	Diphtheria, Pertussis, Tetanus, Polio and Act-HIB		5	
Pneumovax®23	Pneumococcal Polysaccharide 23-Valent vaccine		10	
Prevnar®13	Pneumococcal 13-valent Conjugate for Childhood Immunization and High Risk Adults		10	
Priorix-Tetra® / ProQuad® & Diluent	Measles, Mumps, Rubella, Varicella (MMRV) *Only for 4-11 yrs. who received one MMR and one varicella or no prior doses of MMR and varicella		10	
Infanrix IPV®	DTaP-IPV *Only for 5 & 6 yrs. starting a primary series		1	
Rotarix®	Rotavirus oral vaccine		1	
TUBERSOL®	Tb Mantoux Test (Tb)		10	
Td ADSORBED	Tetanus, Diphtheria (Td)		5	
VARILRIX® / VARIVAX® III & Diluent	Varicella (Chicken Pox)		10	
Zostavax®	Shingles *Only for those ages 65-70		1	
		-		
Нер А	For CORRECTIONAL FACILITIES ONLY *Eligible High Risk		1	
Нер В	For CORRECTIONAL FACILITIES ONLY *Eligible High Risk		1	
Hep B Renal	For HOSPITALS ONLY *Eligible High Risk		1	
	r the following vaccines: ●High Risk HPV, Meningitis, Hep A & B ● it's website for Primary Care Providers: http://www.simcoemuskokah			ctra

Location to	be picked	up (please	check):
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Huntsville

Please note: Immunization yellow cards and schedules can be picked up from reception.

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#### **Confidentiality Notice:**

**Gravenhurst** 

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