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Session Title : Vaccines: What, When, and How?

Herpes zoster

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Herpes zoster is caused by the reactivation of latent varicella zoster virus infection. Reported incidence of herpes zoster in organ transplant recipients is higher than in general population; 12-34/1,000 person-years vs 5.0-6.2/1,000 person-years. The first vaccine licensed was live-attenuated herpes zoster vaccine in 2006. The effectiveness of this vaccine was reported ranged between 36.9 % and 68.7% during the first three years after vaccination and it decreased over time in general population. Live attenuated vaccines are generally contraindicated for immunocompromised patients except special medical condition. In organ transplant patients, live attenuated vaccines are recommended at least ≥ 4 weeks prior to transplant. Immunogenicity of transplant recipients reported lower than general population and the effectiveness of live-attenuated vaccine is variable depending on underlying condition, medications and immune status. The adjuvant recombinant zoster vaccine is currently licensed for prevention of herpes zoster in adults aged ≥ 50 years. It can be used in organ transplant patients, and recently licensed in adults aged ≥ 18 years who are or will be at increased risk of herpes zoster due to immunodeficiency or immunosuppression caused by known disease or therapy. Reported data showed it has increased and prolonged vaccine efficacy compared to live-attenuated vaccine. After transplantation, adjuvant recombinant vaccine can be used with minimal risk of rejection or side effect, however, optimal timing of vaccination after transplant and the patient who had history of zoster infection are differ between guidelines. In this session, further practical considerations will be discussed.