**Zoster (ZOS) Vaccine Live, ZOSTAVAX®**

**Precautions and Contraindications**

Screen all patients for precautions and contraindications to immunization.

**Recommended Schedule:**

Eligible persons:

* Zoster vaccine is indicated for prevention of herpes zoster (shingles) in individuals 60 years of age and older.

**Dosage and Route**

Administer entire amount (approximately 0.65 mL) of reconstituted zoster vaccine subcutaneously (see package insert). Do not inject intravascularly.

Zoster vaccine is administered as a single dose. Reconstitute the vaccine using only the diluent supplied, and use all of the diluent. The supplied diluent is free of preservatives.

**Anatomical Site**

* Subcutaneously in the outer aspects of the deltoid

**Precautions**

* Moderate or severe illness with or without fever (temporary deferral)

**Contraindications**

**ZOSTAVAX**® should not be administered to individuals:

* With a history of anaphylactic/anaphylactoid reaction to gelatin, neomycin, or any other component of the vaccine (see WARNINGS).
* With a history of primary or acquired immunodeficiency states including leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic system; or AIDS or other clinical manifestations of infection with human immunodeficiency viruses (see WARNINGS).
* Immunosuppressive therapy, including high-dose corticosteroids.
* Active untreated tuberculosis.
* Women who are or may become pregnant (see PRECAUTIONS, *Pregnancy*).

**WARNINGS**

* Vaccination with a live attenuated vaccine, such as **ZOSTAVAX**®, may result in a more extensive vaccine-associated rash or disseminated disease in individuals who are immunosuppressed. Safety and efficacy of **ZOSTAVAX**® have not been evaluated in individuals on immunosuppressive therapy, or in individuals receiving daily topical or inhaled corticosteroids or low-dose oral corticosteroids.
* Neomycin allergy commonly manifests as a contact dermatitis, which is not a contraindication to receiving this vaccine.
* Persons with a history of anaphylactic reaction to topically or systemically administered neomycin should not receive **ZOSTAVAX**® (see CONTRAINDICATIONS).
* **ZOSTAVAX**® is not a substitute for VARIVAX**®** [Varicella Virus Vaccine Live (Oka/Merck)] and should not be used in children.

**Adverse Events**

* See the product’s package insert.
* See Adverse Events Following Vaccinations page of this section

**Storage and Handling**

* Reconstitute the vaccine using only the diluent supplied. The supplied diluent is free of preservatives
* **ZOSTAVAX**® is stored frozen and should be reconstituted immediately upon removal from the freezer. Before reconstitution, protect from light.
* The vaccine should be administered immediately after reconstitution, to minimize loss of potency. Discard reconstituted vaccine if it is not used within 30 minutes.
* The diluent should be stored separately at room temperature or in the refrigerator.
* To reconstitute the vaccine: Withdraw the entire contents of the diluent vial into a syringe. Inject all of the diluent in the syringe into the vial of lyophilized vaccine and gently agitate to mix thoroughly.
* Do not freeze reconstituted vaccine.

**Other Important Notes**

* Withdraw the entire contents into a syringe and inject the total volume of reconstituted vaccine subcutaneously; preferably in the upper arm

**Tuberculin Testing and Live Vaccines**

Recommendations for use of the tuberculin skin test are independent of those for immunization. Tuberculin testing at any age is not required before administration of live-virus vaccines. A tuberculin skin test (TST) can be applied at the same visit during which these vaccines are administered. Measles vaccine temporarily can suppress tuberculin reactivity for at least 4 to 6 weeks. The effect of live-virus varicella, yellow fever, and live-attenuated influenza vaccines on tuberculin skin test reactivity is not known. In the absence of data, the same TST spacing recommendation should be applied to these vaccines as described for MMR. There is no evidence that inactivated vaccines, polysaccharide vaccines or recombinant or subunit vaccines or toxoids interfere with immune response to TST.

**Tuberculin Skin Testing (TST) and Zoster Vaccine (ZOS)**

* Apply TST at same visit as ZOS (preferred strategy)
* Apply TST first and administer ZOS when TST is read (least favored option because receipt of ZOS is delayed) (least preferred strategy)
* Delay TST at least 4 weeks if ZOS is given first.

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