

Claire E. Holmes

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LSU Health Sciences Center, New Orleans, LA

Dr. Maria Bernal, MD:

LSU Department of Ophthalmology

“Survey Says: Shingrix Saves”

Shingles (herpes zoster) results from reactivation of latent varicella zoster virus in spinal and cranial neurosensory ganglia. Nearly 1 in 3 people will develop shingles in their lifetime, with possible complications including hearing loss, vision loss, bacterial superinfection, and post-herpetic neuralgia. In 2006, the Food and Drug Administration (FDA) approved the use of the live attenuated Zostavax® vaccine for prevention of herpes zoster and post-herpetic neuralgia. Due to limitations in its use in immunocompromised individuals, a new non-live recombinant zoster vaccine (Shingrix®) became approved for use in 2017. In comparison to the Zostavax® vaccine, the Shingrix® vaccine has been shown to have significantly higher efficacy and a similar safety profile between immunocompetent and immunocompromised patients. Despite vaccine availability, 65.5% of adults over 60 years of age remain unvaccinated in the United States. The purpose of this study is to determine if educational patient surveys on Shingles, its complications, and its prevention can increase Shingrix® vaccination rates among patients of the Louisiana State University ophthalmology clinic. Data collection of this study is still in progress.