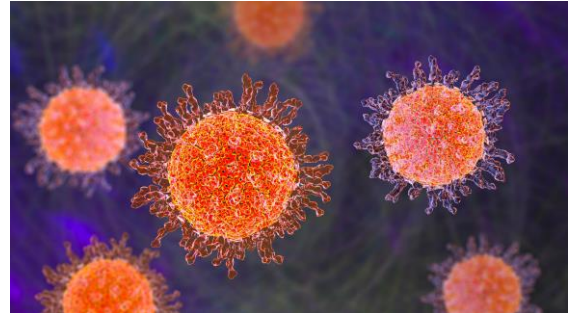


Zoster Vaccination Lowers Risk of Shingles for Patients With Inflammatory Bowel Disease

Currently, the CDC recommends the recombinant zoster vaccine (Shingrix, RZV; GSK) for the prevention of herpes zoster and related complications.

In several studies, investigators found individuals with inflammatory bowel disease (IBD) have an increased risk of developing herpes zoster (HZ) and developing HZ-related complications compared with those who do not have IBD. In a new study, investigators found that vaccination lowers the risk for this patient population.¹

"This risk is related, in part, to the underlying immune dysregulation associated with IBD, and to the use of certain commonly used therapies," Francis A Farraye, MD, MS, a gastroenterologist and director of the Inflammatory Bowel Disease Center at Mayo Clinic in Jacksonville, Florida, said in a news release. "For example, prednisone, thiopurines, anti-TNFs and JAK inhibitors are associated with a significantly increased risk of shingles in patients with IBD."¹



Currently, the CDC recommends the recombinant zoster vaccine (Shingrix, RZV; GSK) for the prevention of herpes zoster and related complications, which includes vaccinations for individuals 50 and older and adults 19 and older who are immunocompromised. According to the CDC, vaccination is over 90% effective at preventing shingles and post-herpetic neuralgia for adults 50 and older, and the vaccine is given in a 2-dose series. Patients should still get the vaccine even if they previously had shingles, Zostavax, or received a varicella vaccine.^{2,3}

In the current study, which included 5489 individuals in the IBD-RZV cohort, investigators found that this group had a lower HZ compared with those in the IBD control cohort. In total, 1.09% of those in the IBD-RZV cohort and 2.4% in the control cohort developed HZ.¹ The IBD-RZV cohort consisted of individuals who have IBD and received 2 doses of the RZV vaccine, which would complete the recommended series. Those who did not receive the vaccine, but had IBD, were in the control group (n = 5265). The primary outcome included risk of incident HZ.⁴

Furthermore, there was a lower risk of HZ for patients aged 50 years to 65 years and for those older than 65, according to the investigators. Furthermore, investigators found that there was a lower risk of HZ for patients who had either ulcerative colitis (UC) or Crohn disease (CD).⁴

"In an earlier study that our group conducted and published in *Alimentary Pharmacology and Therapeutics* in 2023, we demonstrated that RZV was cost-effective for all patients with IBD," Farraye said in the news release. "Based on this study and the new data demonstrating RZV effectiveness that we shared in our cohort study publication, and the recommendations by the Advisory Committee on Immunization Practices, I now offer RZV to all patients with IBD who are 19 and older."¹

In the study mentioned by Farraye, vaccination was cost-effective for both CD and UC, including an incremental cost-effectiveness ratio below \$100,000 per quality adjusted life years (QALY) for all ages. For CD, those 30 and older, and those with UC 40 and older, vaccination was more effective and less expensive than those who were not vaccinated, according to the study authors. However, for those

under 20 with CD and those under 40 with US, costs were greater for those vaccinated, but QALY increased.⁵

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