

**GRADE Table 3: Efficacy of herpes zoster vaccination in immunocompetent adults (≥60 years)**

**Population:** Immunocompetent adults (≥ 60 years)  
**Intervention:** Herpes zoster vaccination (single dose)  
**Comparison:** Placebo /no intervention  
**Outcome :** Cases of herpes zoster

What is the scientific evidence of the vaccine efficacy against herpes zoster conferred by one dose herpes zoster vaccination (versus placebo/no vaccination) in immunocompetent adults (≥60 years)?				
			Rating	Adjustment to rating
Quality Assessment	No. of studies/starting rating		2/ RCT <sup>1</sup>	4
	Factors decreasing Confidence	Limitation in study design	None serious <sup>2</sup>	0
		Inconsistency	None serious	0
		Indirectness	None serious	0
		Imprecision	None Serious	0
		Publication bias	None serious	0
	Factors increasing Confidence	Large effect	Not applicable	0
		Dose-response	Not applicable	0
		Antagonistic bias and confounding	Not applicable	0
	Final numerical rating of quality of evidence			4
Summary of Findings	Statement on quality of evidence			We are moderately confident in the estimate of effect on health outcome. The true effect is likely to be close to the estimate of the effect
	Conclusion			A single dose of herpes zoster vaccination demonstrated vaccine efficacy of 51% to protect immunocompetent adults (≥60 years) against herpes zoster disease.

#### Reference List

Gagliardi AMZ, Silva BNG, Torloni MR, Soares BGO. Vaccines for preventing herpes zoster in older adults<sup>1</sup>. Cochrane Database of Systematic Reviews 2012;(10).

Langan SM, Smeeth L, Margolis DJ, Thomas SL. Herpes zoster vaccine effectiveness against incident herpes zoster and post-herpetic neuralgia in an older US population: a cohort study  
 1. PLoS Med 2013;10(4):e1001420.

Oxman MN, Levin MJ, Johnson GR, Schmader KE, Straus SE, Gelb LD, et al. A vaccine to prevent herpes zoster and postherpetic neuralgia in older adults. N Engl J Med 2005 Jun 2;352(22):2271-84.

<sup>1</sup> A Cochrane review (Gagliardi et al. 2012) identified one large RCT (Oxman et al. 2005) with low risk of bias addressing the research question. Risk ratio for 60-69 compared to placebo: 0.36 (95% CI: 0.3-0.45) and 0.63 (95% CI: 0.53-0.75) in adults over 70 years. Incidence per 1000 Person Years: 5.4 in participants who had received herpes zoster vaccine; 11.1 in participants who had received placebo. Vaccine efficacy: 51.4% (95%Confidence Interval 44.2-57.6%). Analyses according to age groups indicated a greater benefit in participants aged 60 to 69 years, RR 0.36 (95% CI 0.30 to 0.45) and in participants aged 70 years and over, RR 0.63 (95% CI 0.53 to 0.75). One cohort study (Langan et al. 2013) calculated vaccine effectiveness in persons 65 years and over to be 0.48 (95% CI:0.39–0.56) compared to unvaccinated individuals. Post-licensure data examining risk of HZ in 76,000 vaccinated persons compared to 227,000 unvaccinated adults 60 years and older demonstrated that the vaccine was 55% effective (95% CI 52-58%)in preventing herpes zoster cases (Tseng et al. 2011).

<sup>2</sup>Vaccine effectiveness over a longer period of time (>5 years) still needs to be assessed.