WHAT YOU NEED TO KNOW ABOUT RECEIVING THE SHINGRIX VACCINE

You will receive two SHINGRIX doses, with a gap of 2 to 6 months between doses. The first dose can be given from the age of 50.

To maximise the protection offered by SHINGRIX, it is important that you get both doses.¹



IMPORTANT SAFETY INFORMATION¹⁵

- Do not have SHINGRIX if you are allergic (hypersensitive) to any of the ingredients contained in SHINGRIX.
- The most common side effects are headache; stomach and digestive complaints (including nausea, vomiting, diarrhoea and/or stomach pain); muscle pain (myalgia); pain, redness and swelling at the injection site; and tiredness, shivering, fever. Most side effects have a duration of 1–3 days.^{1,13}
- As with all vaccines, SHINGRIX may not fully protect all people who are vaccinated.



SHINGRIX is a vaccine to help prevent shingles (herpes zoster) and post-herpetic neuralgia in adults 50 years of age and older.¹

SHINGRIX is not used to prevent chickenpox.

SHINGRIX PROVIDES OVER 90% PROTECTION AGAINST SHINGLES 1,12,13

As we age, the risk of getting shingles increases. If you're over the age of 50, you're at a higher risk of developing shingles.

In clinical trials, SHINGRIX has been shown to be over 90% effective at preventing shingles across all age groups 50 years and older.^{1,12,13} This protection has been shown to be sustained for at least 7 years, and continues to be monitored.¹⁴

By helping prevent shingles, SHINGRIX strongly reduces the risk of developing PHN.¹³

TALK TO YOUR HEALTHCARE PROFESSIONAL ABOUT VACCINATION WITH SHINGRIX

To learn more, visit www.shingrix.co.nz



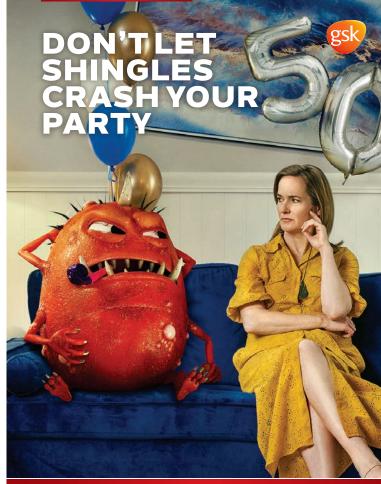
References 1. GlaxoSmithKline New Zealand. SHINGRIX Data Sheet. GSK NZ; 2021. 2. Centers for Disease Control and Prevention. Recommendations of the Advisory Committee on Immunization Practices for use of herpes zoster vaccines. MMWR. 2018. Jan;67(3):103-8. 3. Centers for Disease Control and Prevention. Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR. 2008 May; 57(RR-5):1-30. 4. Ministry of Health. Immunisation Handbook 2020;2020:1-597. Available at: https://www.health. govt.nz/system/files/documents/publications/immunisation-handbook-2020sep20-v13.pdf. Accessed on 10 October 2021. 5. Kawai K, Gebremeskel BG, Acosta CJ. Systematic review of incidence and complications of herpes zoster: towards a global perspective. BMJ Open. 2014 Jun;4(6):e004833. 6. Bharucha T, Ming D, Breuer J. A critical appraisal of 'Shingrix', a novel herpes zoster subunit vaccine (HZ/Su or GSK1437173A) for varicella zoster virus. Hum Vaccin Immunother. 2017 Aug;13(8):1789-97. 7. Kimberlin OW, Whitlei RJ. Varicella-zoster vaccine for the prevention of herpes zoster. N Engl J Med. 2007 Mar; 356(13): 1338-43. 8. Levin MJ. Immune senescence and vaccines to prevent herpes zoster in older persons. Curr Opin Immunol. 2012 Aug;24(4):494-500. 9. Volpi A. Severe complications of herpes zoster. Herpes. 2007 Sep;14 Suppl 2:35-9. 10. John AR, Canaday DH. Herpes zoster in the older adult. Infect Dis Clin North Am. 2017 Dec;31(4):811-826. 11. Johnson RW, et al. The impact of herpes zoster and post-herpetic neuralgia on quality-of-life. BMC Med. 2010 Jun 21;8:37 12. Lal H, Cunningham AL, Godeaux O, Chlibek R, Diez-Domingo J, Hwang S-J, et al. Efficacy of an adjuvanted herpes zoster subunit vaccine in older adults. N Engl J Med. 2015 May; 372(22): 2087-96. 13. Cunningham H, et al. Efficacy of the herpes zoster subunit vaccine in adults 70 years of age or older. N Engl J Med 2016;375:1019-32. 14. Boutry C, et al. The adjuvanted recombinant zoster vaccine confers long-term protection against herpes zoster: interim results of an extension study of the pivotal phase 3 clinical trials ZOE-50 and ZOE-70. Clin Infect Dis 2021 Jul 20; ciab629. doi: 10.1093/cid/ciab629. Online ahead of print. **15.** GlaxoSmithKline New Zealand. SHINGRIX Consumer Medicine Information, GSK NZ: 2021.

SHINGRIX (Recombinant Varicella Zoster Virus Glycoprotein E antigen 50 micrograms (AS01_B adjuvanted vaccine)) is for the prevention of herpes zoster (also known as shingles) and post-herpetic neuralgia (the long-lasting nerve pain that can follow shingles) in adults 50 years of age or older. SHINGRIX is an unfunded prescription medicine – you will have to pay the full cost of this medicine. Normal doctor's fees and prescription charges apply. A single 0.5 mL dose contains 50 micrograms of gE antigen, adjuvanted with AS01_B (composed of the plant extract Quillaja saponaria saponin (QS-21) (50 mcg) and 3-O-desacul-4'-monophosphorul lipid A (MPL) from Salmonella minnesota (50 mcg) plus excipients). SHINGRIX should not be administered if you are hupersensitive to any component of this vaccine. SHINGRIX has risks and benefits - ask your doctor if SHINGRIX is right for you. Common side effects: Adults ≥50 years: pain, redness and swelling at the injection site, muscle pain, fatigue, headache, shivering, fever, and gastrointestinal symptoms. This is not a full list. If you have side effects, see your doctor, pharmacist or healthcare professional. Additional product information and Consumer Medicine Information (CMI) is available at www.medsafe.govt.nz. Trademarks are owned by or licensed to the GSK group of companies. ©2022 GSK group of companies or its licensor. Marketed by GlaxoSmithKline NZ Ltd, Auckland. Adverse events involving GlaxoSmithKline products should be reported to GSK Medical Information on **0800 808 500**. Date of Preparation: **01 2022** Date of Expiru: **012024**. TAPS NA13575-PM-NZ-SGX-PINF-210001





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HELP PREVENT IT WITH SHINGRIX.1,2

1 in 3 people will get shingles in their lifetime. 31.4 Learn more about shingles and the impact it can have on you.

If you have had chickenpox before, then you already have the virus that can cause shingles.





WHAT IS SHINGLES?

Shingles, also known as herpes zoster, is the reactivation of the varicella zoster virus, the virus that causes chickenpox. Shingles is most common in people 50 years and older, and those with a compromised immune system. It is possible to get shingles more than once. ⁵

WHAT CAUSES SHINGLES?

A weakened immune system due to factors such as increasing age or immunocompromising conditions can increase your risk of infections including shingles.

If you're one of the approximately 99% of adults over 50 years old who have had chickenpox, the virus that causes shingles is inside your body but lies dormant.*3,6-8 Your immune system naturally weakens over time as you age, which can allow the usually inactive virus to reactivate and cause shingles – despite how healthy you may feel. 3,6-8

WHAT ARE THE SYMPTOMS OF SHINGLES?

Shingles typically produces a painful rash that can last several weeks.³ The rash usually erupts in a single stripe on either the left or right side of the body, or sometimes the face, along a nerve path. It's most common on the chest and abdomen.

48–72 hours before the rash appears, people may experience pain, itching, tingling or numbness in the area where the rash will develop. Other symptoms of

shingles may include sensitivity to light, headache, and a sense of not feeling well.

MOST PEOPLE WHO GET SHINGLES EXPERIENCE ACUTE PAIN – DESCRIBED BY MANY AS ACHING, BURNING, STABBING OR SHOCK-LIKE.

WHAT ARE SOME POSSIBLE COMPLICATIONS OF SHINGLES?

Up to 30% of people with shingles may develop post-herpetic neuralgia (PHN). 4.5 People with PHN can experience persistent nerve pain for months or years in the same area where they had the shingles rash – even after the rash clears up. The risk of developing PHN increases as you get older. 5

Other possible complications include scarring, complications with vision if the rash appears around the eye, a secondary infection, and partial weakness or paralysis of the areas served by affected nerves. 3.5.9

1 IN 3 PEOPLE WILL GET SHINGLES IN THEIR LIFETIME. 3*,4

HOW COMMON IS SHINGLES?

If you have had chickenpox, you are at risk of shingles as the virus is already inside your body. 1 in 3 people will get shingles in their lifetime, and the risk increases with age. 3*.4

HOW IS SHINGLES TREATED?

If you think you may have shingles, please see a doctor as soon as possible. Early treatment with anti-viral medication may reduce the severity and duration of illness. Depending on your symptoms you may also be prescribed pain relief medication. PHN management is challenging and treatment options may be sub-optimal. 3.11

CAN SHINGLES BE PREVENTED?

In most cases, yes. Immunisation is the most effective way to help reduce your risk of shingles.

*US data. May not be representative of global population.

