

CONGRESSO NAZIONALE
78
FIMMG-METIS 2021

MEDICINA GENERALE CONVENZIONATA, DIRITTO DELL'INDIVIDUO.

**RESIDENZIALE
E VIDEOCONFERENZA**

4 OTTOBRE 2021
9 OTTOBRE 2021

FAD ASINCRONE
12 OTTOBRE 2021
15 NOVEMBRE 2021



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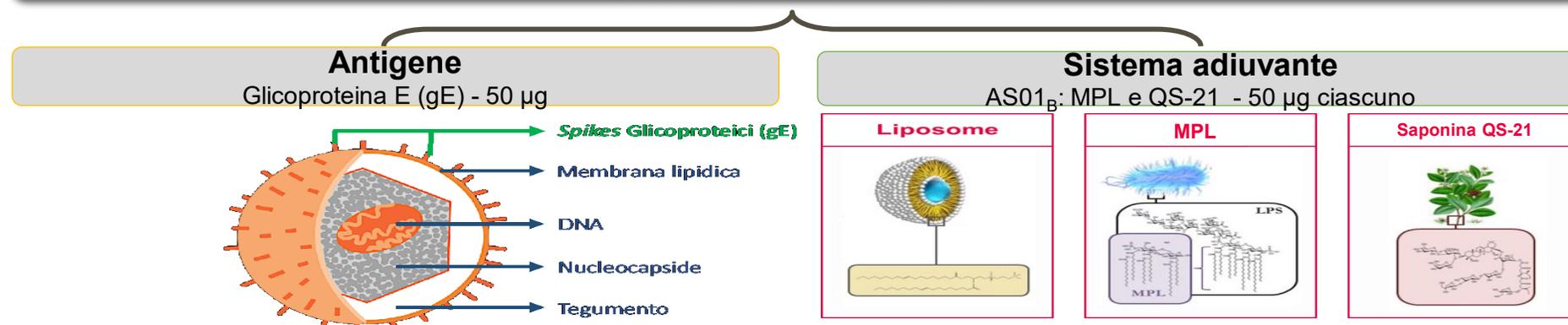
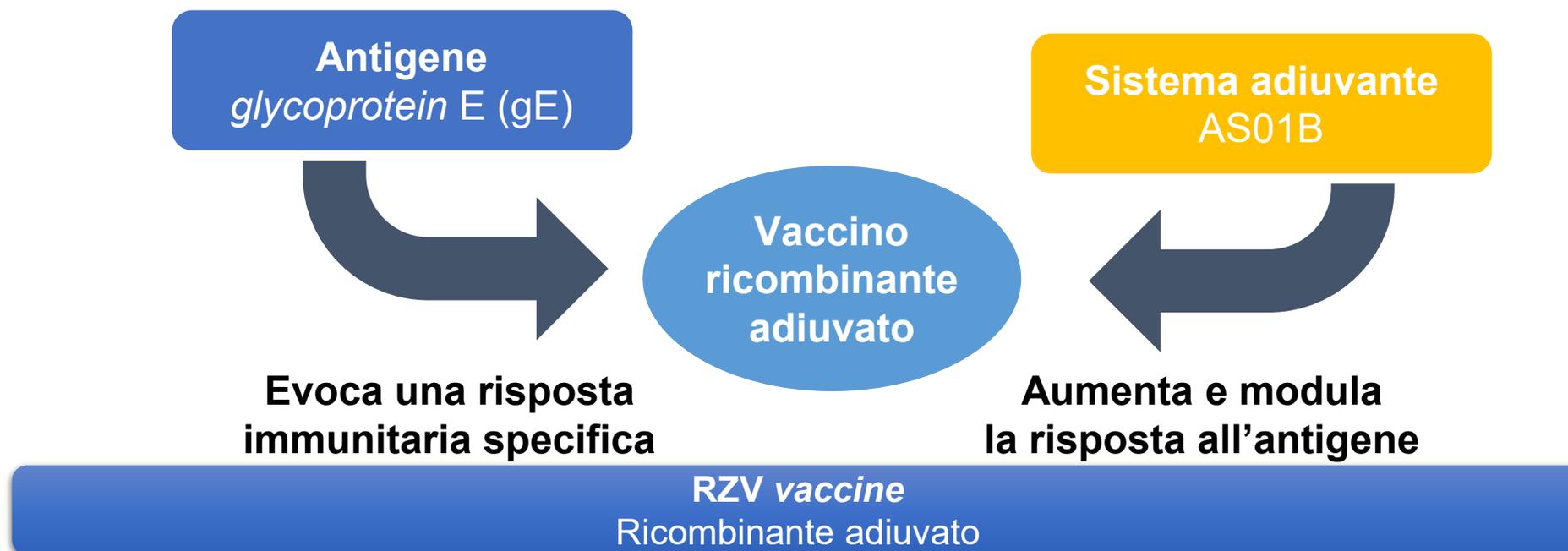


Innovazione nella prevenzione dell'Herpes zoster: nuovi strumenti per il medico di medicina generale

Evoluzione della profilassi vaccinale anti
Herpes Zoster e sue indicazioni

ROBERTO IERACI

RZV approccio originale ed innovativo: antigene ricombinante + nuovo adiuvante





- **RZV indicato per la prevenzione dell'Herpes Zoster (HZ) e della nevralgia post-erpetica (PHN)**
- **adulti di età =>50 anni**
- **adulti di età => 18 anni ad aumentato rischio di HZ**

- ✓ **somministrato per via IM**
- ✓ **schedula a 2 dosi**

- **ben tollerato**
- **reazioni maggiormente osservate**
 - **dolore nel sito di iniezione**
 - **mialgia**
 - **affaticamento**
 - **cefalea**





- non fornisce indicazioni preferenziali fra i due vaccini



Board del Calendario per la Vita

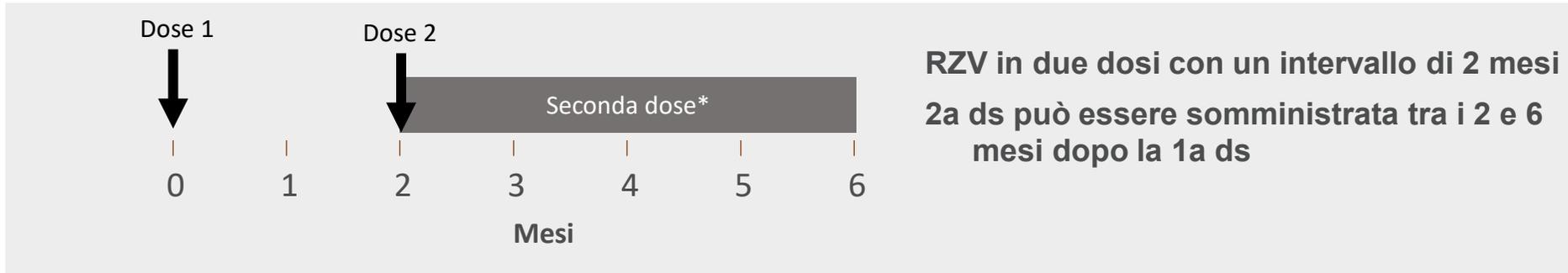


OGGETTO: Aggiornamento sulla vaccinazione contro Herpes zoster

- utilizzo del ricombinante adiuvato a 2 ds in grado di prevenire un maggior numero di casi di HZ e Nevralgia Post Erpetica (NPE) in tutte le fasce di età rispetto ad 1 ds di vaccino vivo attenuato
- induce un'efficacia sul campo più duratura nel tempo



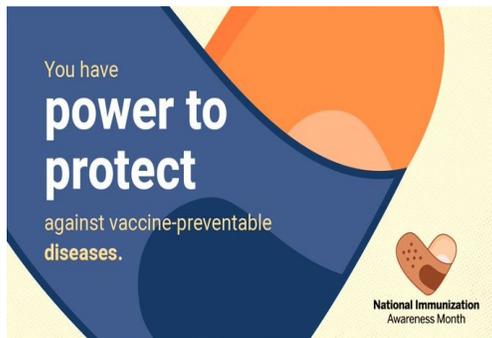
Vaccino Zoster Ricombinante (RZV): schedula



RZV si può co-somministrare con gli altri vaccini previsti per l'adulto:

- ✓ anti-influenzale quadrivalente (IIIV) (non adiuvato)
- ✓ anti-difterite-tetano-pertosse (Tdap)
- ✓ anti-pneumococcico 23-valente (PPS23v)





Menu de la publication

← Typh-O : vaccin oral contre la typhoïde

Zona-VA : vaccin vivant atténué contre le zona

Vaccins

Zona-SU : vaccin sous-unitaire contre le zona

Composition	Présentation	Indications	Contre-indications	Précautions	Interactions
Recherche d'anticorps	Manifestations cliniques après la vaccination	Administration	Réponse au vaccin		

Composition

Un vaccin inactivé contre le **zona** est distribué au Canada : Shingrix (GSK).
Il s'agit d'un vaccin adjuvanté qui inclut la glycoprotéine E du virus varicelle-zona. Cette glycoprotéine est produite par la technologie de l'ADN recombinant dans des cellules ovariennes de hamster.
Chaque dose de Shingrix contient :

- 50 µg de glycoprotéine E du virus varicelle-zona;
- l'adjuvant AS01B, comprenant 50 µg de 3-O-désacyl-4'-monophosphoryl lipide A et 50 µg de fraction 21 de *Quilfolia saponaria Molina*;
- les excipients de la poudre (vaccin lyophilisé) : phosphate dipotassique, Polysorbate 80, dihydrogénophosphate de sodium dihydraté, saccharose;
- les excipients de la suspension liquide (adjuvant) : cholestérol, dioléoyl phosphatidylcholine, phosphate disodique anhydre, dihydrogénophosphate de potassium, chlorure de sodium, eau.

Présentation

- Shingrix :
 - Fliale unidose de vaccin lyophilisé et fliale d'adjuvant, utilisé comme diluant.

Le vaccin reconstitué a l'aspect d'une solution opalescente, incolore ou légèrement brunâtre.

Indications

Le CIQ recommande l'utilisation du vaccin Zona-SU de préférence à celle du vaccin Zona-VA.

12 Vacciner les personnes immunodéprimées âgées de 18 ans et plus.

HZ-su

-molto efficace nel prevenire

- malattia
- gravi complicanze

➤ vaccino di elezione per una delle categorie di cronici > 18: gli immunodepressi



Bekanntmachungen – Amtliche Mitteilungen

Bundesgesundheitsblatt 2019 - 62:352-376
<https://doi.org/10.1007/s00133-019-02882-5>
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A. Siedler¹ · J. Koch¹ · E. Garbe² · H. Hengel^{3,9} · R. von Kries⁴ · T. Ledig⁵ · T. Mertens⁶ · F. Zepp⁷ · K. Überall⁸

¹Immunization Unit, Robert Koch Institute, Berlin, Germany
²Bremen Institute for Prevention Research and Social Medicine, University of Bremen, Bremen, Germany
³Institute of Virology, Medical Center – University of Freiburg, Faculty of Medicine, Freiburg, Germany
⁴Institute of Social Paediatrics and Adolescent Medicine, Ludwig-Maximilians-University of Munich, Munich, Germany
⁵General Practice, Ditzingen, Germany
⁶Institute of Virology, Ulm University Medical Center, Ulm, Germany
⁷Department of Pediatrics and Adolescent Medicine, University Medicine Mainz, Mainz, Germany
⁸Institute of Clinical and Molecular Virology, University of Erlangen-Nürnberg, Erlangen, Germany
⁹German Consulting Laboratory for HIV and VZV, Medical Center – University of Freiburg, Freiburg, Germany

Background paper to the decision to recommend the vaccination with the inactivated herpes zoster subunit vaccine

Statement of the German Standing Committee on Vaccination (STIKO) at the Robert Koch Institute

of herpes zoster (HZ) and postherpetic neuralgia (PHN) for all people age 60 years and over (standard vaccination). This recommendation takes into account the anticipated period of protection it provides, the increased risk of severe HZ disease and post-zoster pain in individuals age 60 years and over. Models of the epidemiological effects of vaccination show that administering the HZ/su vaccine at age 60 years has the greatest effect in preventing all HZ cases, and administering the vaccine at age 70 years showed the greatest effect in preventing PHN, in a vaccinated cohort. According to the results of a health economics model, the lowest cost per quality-adjusted life year (QALY) would be achieved with vaccination at age 65 years. The number of people who need to be vaccinated (number needed to vaccinate, NN_v) to prevent one case of HZ is the same for both vaccination ages (60 and 65 years). In light of the fact that preventing HZ is the key prerequisite to preventing complications and late sequelae such as PHN, 60 years of age is considered the most favorable age for vaccination, to prevent both HZ and its complications. The STIKO also recommends vaccination against HZ and PHN with the HZ/su inactivated vaccine for all people from the age of 50 years who have an elevated risk of HZ and PHN owing to increased health risks as a consequence of an underlying disease or immunosuppression (indication-based vaccination). This group includes e.g. people with congenital or acquired immunodeficiency or immunosuppression, HIV infection, rheumatoid arthritis, systemic lupus erythematosus, chronic inflammatory bowel disease, chronic obstructive pulmonary disease (COPD) or bronchial asthma, chronic renal disease, diabetes mellitus. The efficacy and safety of the vaccine for patients with impaired immune systems have been demonstrated in numerous studies. Stratified data analyses on the efficacy of the vaccine have shown no difference in

Electronic supplementary material
The online version of this article (<https://doi.org/10.1007/s00133-019-02882-5>) contains supplementary material, which is available to authorized users.

Summary
The STIKO recommends vaccination with the adjuvanted herpes zoster subunit (HZ/su) inactivated vaccine for the preven-

A. Siedler and J. Koch have contributed equally to the publication.
E. Garbe, R. von Kries, T. Ledig, T. Mertens, F. Zepp, K. Überall, are members of the German Standing Committee on Vaccination (STIKO).
This paper is a translation of the original publication in German language in Epidemiologisches Bulletin 50/2019, available at: https://www.rki.de/DE/Content/infekt/EpidBull/Archiv/2019/Susgaben/50_19.pdf?__blob=publicationFile.

352 | Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz 3 · 2019

Vaccine 39 (2021) 5240–5250



Contents lists available at ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

Conference report

A global agenda for older adult immunization in the COVID-19 era:
A roadmap for action

Lois A. Privor-Dumm^{a,*}, Gregory A. Poland^b, Jane Barratt^c, David N. Durrheim^d, Maria Deloria Knoll^e,
Prarthana Vasudevan^f, Mark Jit^g, Pablo E. Bonvehi^h, Paolo Bonanni^g,
on behalf of the International Council on Adult Immunization¹

^aInternational Vaccine Access Center, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA

^bMayo Vaccine Research Group, Mayo Clinic and Foundation, Rochester, MN, USA

^cInternational Federation on Ageing, Toronto, Canada

^dPublic Health Medicine, University of Newcastle, Wallsend, NSW, Australia

^eDepartment of Infectious Disease Epidemiology, London School of Hygiene & Tropical Medicine, London, England, United Kingdom

^fEMIC, Buenos Aires, Argentina

^gDepartment of Health Sciences, University of Florence, Florence, Italy



- **HZ-su autorizzato nei soggetti ad aumentato rischio di HZ a partire dai 18 anni**
- **vaccino di elezione se la strategia attualmente vigente per gli over 50 estesa agli under 50**
- **operatori sanitari vaccinatori hanno un ruolo fondamentale contro l'esitazione dei vaccini**
- **campagne incentrate sui MMG e informazioni accessibili offerte al pubblico migliorano notevolmente l'accettazione della vaccinazione HZ**

Esperienza Lazio: predisposizione PO di vaccinazione per HZ promosso e gestito centralmente dalla Regione come per influenza e pneumococco

per :

- **rilancio dell'intervento HZ**
- **coinvolgimento attivo dei MMG**
- **definizione aspetti logistico-organizzativi**

VACCINAZIONI NELLE MALATTIE REUMATOLOGICHE: SICUREZZA ED EFFICACIA

Guida pratica per il medico di medicina generale e lo specialista reumatologo

Aggiornamento al 5 ottobre 2020



Piano Nazionale Prevenzione Vaccinale

PNPV 2017-2019

❖ Coorte dei soggetti di 65 anni di età con chiamata attiva a partire dall'anno 2018

❖ Soggetti con fattori di rischio a partire dai 50 anni di età

✓ Diabetici

✓ BPCO

✓ Patologie Cardiovascolari

✓ Soggetti destinati a terapie immunosoppressive



la vaccinazione contro HZ nel Lazio come nelle altre Regioni non è mai decollata

raggiungimento del 50% di copertura nei 65enni

2018	2019	2020
20%	35%	50%

RZV più maneggevole

- destinato ad una platea più ampia di soggetti erogatori i MMG

offerta vaccinale equa accessibile per la presenza capillare dei 64.00 studi di MMG valorizzata da un approccio «personalizzato realizzando in tal modo una “prevenzione di precisione” adeguata ai bisogni del singolo paziente



CDC recommends new shingles vaccine (Shingrix) for adults 50 and older

patients:
50+
years old

doses:
2-6 months
apart

administer:
intra-
muscular
in the
deltoid

storage:
36°-46°
refrigerate

- RZV raccomandato per le persone di età >50anni
- HZ/su preferito rispetto a ZVL >50anni indipendentemente dalla storia di HZ o dalla precedente vaccinazione con ZVL
- ACIP sconsiglia la somministrazione di HZ/su a meno di 2 mesi dopo aver ricevuto ZVL
- ACIP raccomanda HZ-su preferito rispetto a ZVL > 60anni



Protecting and improving the nation's health

IDSA
Infectious Diseases Society of America



VACCINE
RECOMMENDED FOR
AGES 50+
MORE EFFECTIVE THAN
OLD VACCINE

SOURCE: CDC

Morbidity and Mortality Weekly Report

Recommendations of the Advisory Committee on Immunization Practices for Use of Herpes Zoster Vaccines

Kathleen L. Dooling, MD¹; Angela Guo, MPH¹; Manisha Patel, MD¹; Grace M. Lee, MD¹; Kelly Moore, MD¹; Edward A. Belongia, MD¹; Rafael Harpaz, MD¹



Introduction

On October 20, 2017, Zoster Vaccine Recombinant, Adjuvanted (Shingrix; GlaxoSmithKline, [GSK] Research Triangle Park, North Carolina), a 2-dose, subunit vaccine containing recombinant glycoprotein E in combination with a novel adjuvant (AS01a), was approved by the Food and Drug Administration for the prevention of herpes zoster in adults aged ≥ 50 years. The vaccine consists of 2 doses (0.5 mL each), administered intramuscularly, 2–6 months apart (1). On October 25, 2017, the Advisory Committee on Immunization Practices (ACIP) recommended the recombinant zoster vaccine (RZV) for use in immunocompetent adults aged ≥ 50 years.

Herpes zoster is a localized, usually painful, cutaneous eruption resulting from reactivation of latent varicella zoster virus (VZV). Herpes zoster is common; approximately one million cases occur each year in the United States (2). The incidence increases with age, from five cases per 1,000 population in adults aged 50–59 years to 11 cases per 1,000 population in persons aged ≥ 80 years (2). Postherpetic neuralgia, commonly defined as persistent pain for at least 90 days following the resolution of the herpes zoster rash, is the most common complication and occurs in 10%–13% of herpes zoster cases in persons aged ≥ 50 years (3,4). Among persons with herpes zoster, the risk for developing postherpetic neuralgia also increases with age (3–5).

Zoster Vaccine Live (ZVL) (Zostavax, Merck and Co., Inc., Whitehouse Station, New Jersey), a 1-dose live attenuated strain of VZV, is licensed for the prevention of herpes zoster in immunocompetent adults aged ≥ 60 years and is recommended by the ACIP for use in immunocompetent adults aged ≥ 60 years (6). Since licensure, vaccine coverage has increased each year, and by 2016, 33% of adults aged ≥ 60 years reported receipt of the vaccine (CDC, provisional unpublished data). ACIP considered use of RZV, as well as existing recommendations, to develop vaccination policy which would be safe and reduce disease burden. This report serves as a supplement to the 2008 Prevention of Herpes Zoster Recommendations of ACIP for the use of ZVL in adults aged ≥ 60 years and subsequent updates (6–8); it outlines recent ACIP recommendations as well as guidance for use of RZV and ZVL in adults.

Methods

From March 2015 to October 2017, the ACIP Herpes Zoster Vaccines Work Group (Work Group; see acknowledgments for members and their affiliations) participated in monthly or bimonthly teleconferences to review herpes zoster epidemiology and the evidence for the efficacy, safety, and programmatic factors of RZV and ZVL. According to the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach, the Work Group defined critical and important outcomes, conducted a systematic review of the evidence, and subsequently reviewed and discussed findings and evidence quality (<https://www.cdc.gov/vaccines/acip/recs/grade/>) (9).

A cost effectiveness analysis comparing RZV, ZVL, or no vaccine was conducted by CDC from a societal perspective, using an analytic horizon of time of vaccination through the end of life. Model inputs were based on published literature where available and relied on unpublished data and Work Group expert opinion when necessary. It was modeled that ZVL effectiveness against herpes zoster would wane to zero 4–12 years following vaccination, depending on age at vaccination (4,10–13). In the absence of long-term effectiveness data, it was modeled that RZV effectiveness in adults aged 50–69 years or ≥ 70 years would wane to zero 19 years following vaccination based on the rate of waning observed during the first 4 years of clinical trials as well as expert opinion (13–15). Economic analyses were also conducted for RZV in cohorts previously vaccinated with ZVL. In keeping with CDC practice (16,17), the purpose of the economic analysis was to model the proposed recommendations; therefore, full adherence to a 2-dose RZV regime was assumed in baseline models. Lower rates of 2-dose adherence were evaluated in sensitivity analyses.

Since 2015, RZV was discussed at five ACIP meetings. In addition to the aforementioned data, several independent health economic studies (18,19), (Merck, unpublished data, 2017), as well as immunogenicity data were presented. Long-term immunogenicity of RZV (20) and immunogenicity and safety of RZV in ZVL recipients (21) were considered, with recognition that there are no standard immunologic correlates of protection for prevention of herpes zoster.

At the October 2017 meeting, three proposed recommendations were presented to the committee, and, after a public

Vaccination against shingles (Herpes Zoster)

An update for healthcare professionals
Updated February 2018



Contents lists available at ScienceDirect

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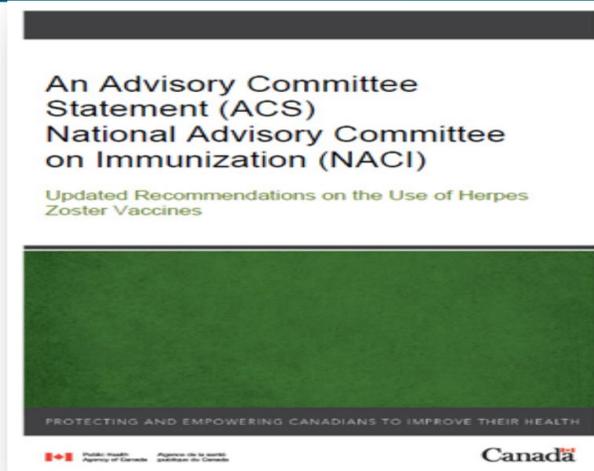
journal homepage: www.elsevier.com/locate/vaccine



Immunogenicity, reactogenicity and safety of 2 doses of an adjuvanted herpes zoster subunit vaccine administered 2, 6 or 12 months apart in older adults: Results of a phase III, randomized, open-label, multicenter study

Himal Lal^{a,1}, Airi Poder^b, Laura Campora^c, Brecht Geeraerts^c, Lidia Oostvogels^c, Carline Vanden Abeele^c, Thomas C. Heineman^{a,2*}

^aCSK, 709 Swedeland Road, King of Prussia, PA 19406, USA
^bKliiniliste Uuringute Keskus, 54 Sobra, 50100 Tartu, Estonia
^cCSK, 70 Avenue Fleming, 1300 Wavre, Belgium



The Journal of Infectious Diseases

EDITORIAL COMMENTARY



Clinical Usage of the Adjuvanted Herpes Zoster Subunit Vaccine (HZ/su): Revaccination of Recipients of Live Attenuated Zoster Vaccine and Coadministration With a Seasonal Influenza Vaccine

Michael N. Oxman,^{1,2} Ruth Harbecke,^{1,2} and David M. Koelle^{1,5*}



Contents lists available at ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine



Immunogenicity and safety of the adjuvanted recombinant zoster vaccine co-administered with the 23-valent pneumococcal polysaccharide vaccine in adults ≥ 50 years of age: A randomized trial

Céline Maréchal^{a,4*}, Himal Lal^{b,1}, Airi Poder^c, Murdo Ferguson^d, Igwebuikwe Enweonye^e, Thomas C Heineman^{b,2}, Caroline Hervé^f, Paul Rheault^g, Jaak Talli^h, Dominique Wauters^f, Lidia Oostvogels^{f,3}

The Journal of Infectious Diseases

MAJOR ARTICLE



Immunogenicity and Safety of an Adjuvanted Herpes Zoster Subunit Vaccine Coadministered With Seasonal Influenza Vaccine in Adults Aged 50 Years or Older

Tino F. Schwarz,¹ Naresh Aggarwal,⁴ Beate Moeckesch,² Isabelle Schenkenberger,³ Carine Claeys,⁵ Martine Douha,⁵ Olivier Godeaux,⁶ Katrijn Gruppings,⁵ Thomas C. Heineman,^{2a} Marta Lopez Fauqued,⁵ Lidia Oostvogels,⁵ Peter Van den Steen,⁵ and Himal Lal^{1b}

- risposte immunitarie a HZ/su a 0, 6 mesi non inferiori a quelle con un ciclo a 0, 2
- profilo di sicurezza clinicamente accettabile per tutti gli intervalli di dose
- co-somministrazione insieme ad altri vaccini per adulti tra cui Flu IIV4 Pneumo
- non interferenza immunologica tra RZV e PPSV23 nella stessa seduta negli >50 anni
- non problemi di sicurezza

Risk of Herpes Zoster in Cancer Patients and the Promise of New Vaccines

Kosuke Kawai^{1,2} and Barbara P. Yawn³

¹Institutional Centers for Clinical and Translational Research, Boston Children's Hospital, and ²Harvard Medical School, Boston, Massachusetts; and ³Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, Minnesota

- immuno-compromessi ad aumentato rischio di sviluppare HZ
- diffusione cutanea e viscerale di VZV comune può portare a complicazioni gravi e pericolose per la vita
- dolore grave può persistere per un lungo periodo: può portare a PHN
- HZ-su non può replicare sicuro anche per gli individui gravemente compromessi
- RZV preferito nei pazienti con cancro raccomandato per ≥ 50 anni
- Se vaccinati prima con ZVL, RZV non somministrato prima di 2 mesi

Journal Pre-proof

Herpes Zoster after Recombinant Zoster Vaccine: A First Case Report

Laurie A. Housel, MSN, FNP, Bruce M. McClenathan, MD, FACP, FAAAAI

PII: S2213-2198(19)30651-8

DOI: <https://doi.org/10.1016/j.jaip.2019.07.033>

Reference: JAIP 2389

To appear in: *The Journal of Allergy and Clinical Immunology: In Practice*

Received Date: 11 June 2019



IDSA
Infectious Diseases Society of America



Vaccination Guidelines for Patients With Immune-Mediated Disorders on Immunosuppressive Therapies

Kim A. Papp^{1,2}, Boulos Haraoui³, Deepali Kumar^{4,5}, John K. Marshall⁶, Robert Bissonnette⁷, Alain Bitton⁸, Brian Bressler^{9,10}, Melinda Gooderham^{2,11}, Vincent Ho⁹, Shahin Jamal¹², Janet E. Pope^{13,14}, A. Hillary Steinhart^{5,15}, Donald C. Vinh^{8,16}, and John Wade^{9,17}

- immunosoppressori dis-regolano immunità aumentano il rischio di infezioni
- immunizzazione mitiga significativamente questi rischi

Journal of Cutaneous Medicine and Surgery
2019, Vol. 23(1) 50–74
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Canadian Dermatology Association
Association canadienne de dermatologie

CME

Uso di biologici immunomodulatori DMARDS e glucocorticoidi

- può provocare attenuazione
- ma non abolire la risposta immunitaria ai vaccini



COCOON STRATEGY

REVIEW ARTICLE

Multiple myeloma gammopathies

Recommendations for vaccination in multiple myeloma: a consensus of the European Myeloma Network

Heinz Ludwig¹ • Mario Boccadoro² • Philippe Moreau³ • Jesus San-Miguel⁴ • Michele Cavo⁵ • Charlotte Pawlyn⁶ • Sonja Zweegman⁷ • Thierry Facon⁸ • Christoph Driessen⁹ • Roman Hajek¹⁰ • Melitios A. Dimopoulos¹¹ • Francesca Gay² • Hervé Avet-Loiseau¹² • Evangelos Terpos¹¹ • Niklas Zojer¹³ • Mohamad Mohty¹⁴ • Maria-Victoria Mateos¹⁵ • Hermann Einsele¹⁶ • Michel Delforge¹⁷ • Jo Caers¹⁸ • Katja Weisel¹⁹ • Graham Jackson²⁰ • Laurent Garderet²¹ • Monika Engelhardt²² • Niels van de Donk⁷ • Xavier Leleu²³ • Hartmut Goldschmidt²⁴ • Meral Beksac²⁵ • Inger Nijhof⁷ • Niels Abildgaard²⁶ • Sara Bringhen² • Pieter Sonneveld²⁷

Received: 8 April 2020 / Revised: 24 July 2020 / Accepted: 5 August 2020 / Published online: 19 August 2020
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JAMD
The Journal of AMD

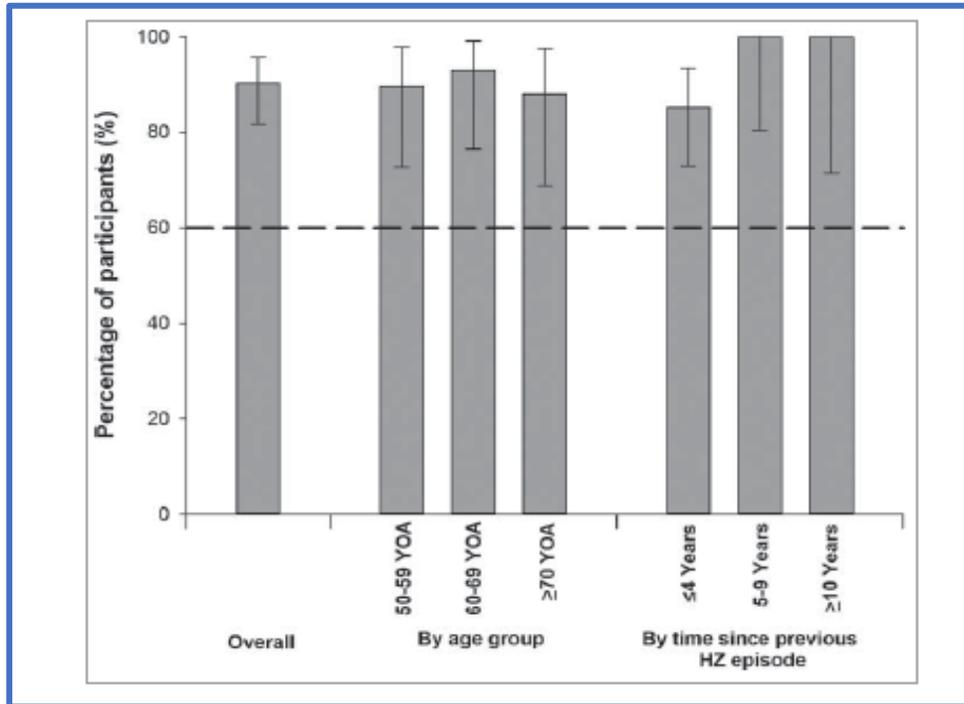
Vaccinazioni raccomandate nel paziente diabetico adulto

SID, Società Italiana di Diabetologia
Società Italiana Igiene, Medicina
Italiana Medici Medicina General
Cure Primarie

JAMD | www.jamd.it | ISSN 2532-4799 (online) | ISSN 2036-363X (print) vol. 21-3



somministrazione di RZV in soggetti con anamnesi pregressa di HZ



Vaccine response rates for anti-gE antibody concentrations one month after the second vaccine dose: overall, by age group and by time since previous herpes zoster episode (ATP cohort for immunogenicity).

- RZV provoca una risposta immunitaria forte
- sintomi locali e sistemici sollecitati transitori e per lo più di intensità da lieve a moderata

nessun apparente problema di sicurezza riscontrato post ds 2 di RZV in adulti ≥50 anni con anamnesi pregressa di HZ



in sintesi

- alta efficacia in tutti i soggetti con più di 50 anni di età (>90%)^{1,2}
- elevata efficacia nel tempo con un minimo declino a circa 7 anni dalla vaccinazione ^{2*}
- complicazioni da HZ come la NPE fortemente ridotte in tutti i soggetti con più di 50 anni di età²
- incidenza complessiva di SAEs decessi e pIMDS è risultata simile nei due gruppi (RZV e placebo)³
- sintomi più frequenti dolore al sito di iniezione, mialgia, fatica, mal di testa ^{1,2}
- maggior parte delle reazioni, locali e sistemiche da lievi a moderate e di breve durata (1–3 giorni)^{1,2}

1. Lal H, et al. *N Engl J Med* 2015;372:2087–96;
2. Cunningham AL, et al. *N Engl J Med* 2016;75:1019–32
3. Lopez-Fauqued M et al. *Vaccine* 2019; 37(18):2482-2493

SUMMARY OF THE DISEASE AND THE VACCINE

Shingles

- is a common disease that can cause long-lasting, severe pain
- has been known to cause permanent disability
- occurs more frequently in those over 70 who are also more likely to have worse symptoms.

The vaccine

- is significantly reducing the number of cases
- will reduce the severity of symptoms in vaccinated people if they develop the disease
- has been used extensively in the USA and Canada
- cannot cause shingles in healthy people



VACCINAZIONE DELL'ADULTO: LE INNOVAZIONI OLTRE AL COVID-19 E LE RACCOMANDAZIONI SIMIT

Recommendations of the Italian Society for Infectious and Tropical Diseases (SIMIT) for adult vaccinations



RECOMMENDED VACCINES	
RISK POPULATION	RECOMMENDED VACCINES
Adults ≥ 65 years	Influenza - CDC, ECDC, INHS, NHS, NACI, STIKO
	Pneumococcal - CDC, ECDC, INHS, NHS
	Tdap - CDC, ECDC, INHS
	Zoster (recombinant, adjuvanted) - CDC, ECDC, INHS, NACI, STIKO
	COVID-19 - CDC, ECDC, INHS, NHS





- i vaccini COVID-19 possono essere somministrati indipendentemente dai tempi di altri vaccini compresi gli anti-influenzali (ciò include somministrazione simultanea del vaccino COVID-19 e altri vaccini nello stesso giorno)

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2F covid-19%2Finfo-by-product%2Fclinical-considerations.html#Coadministration



- non disponibili dati per i vaccini covid somministrati contemporaneamente ad altri vaccini
- immunogenicità e profili eventi avversi generalmente simili quando i vaccini somministrati contemporaneamente o da soli (CDC)
- possibile effettuare somministrazione concomitante (o a qualsiasi distanza di tempo, prima o dopo) di:
 - un vaccino COVID-19 utilizzato in Italia
 - e un altro vaccino del PNPV
- con l'eccezione dei vaccini vivi attenuati per i quali può essere considerata valida una distanza minima di 14 gg prima o dopo la somministrazione del vaccino Covid

Avis n° 2021.0069/AC/SESPEV du 23 septembre 2021 du collège de la Haute Autorité de santé venant compléter l'avis du 23 août 2021 relatif à la définition des populations à cibler par la campagne de rappel vaccinal chez les personnes ayant eu une primovaccination complète contre la Covid-19
AVIS ET DÉCISIONS DE LA HAS - Mis en ligne le 23 sept. 2021



https://www.rki.de/DE/Content/Infekt/EpidBull/Archiv/2021/Ausgaben/39_21_STIKO_Koadministration.pdf?__blob=publicationFile

Chapter 14a - COVID-19 - SARS-CoV-2

14a
COVID-19 - SARS-CoV-2

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1018444/Greenbook_chapter_14a_COVID-19_SARS-CoV-2_Sept21.pdf

Beschluss der STIKO zur 11. Aktualisierung der COVID-19-Impfempfehlung

STIKO-Empfehlung zur COVID-19-Impfung

Aktualisierung vom 24. September 2021

3 September 2021

An Advisory Committee Statement (ACS)
National Advisory Committee on Immunization (NACI)

Recommendations on the use of COVID-19 Vaccines



Protecting and improving the nation's health

COVID-19 vaccination programme

Information for healthcare practitioners

Republished 9 June 2021



Consiglio Superiore di Sanità
Direzione Generale della Prevenzione Sanitaria



0044591-02/10/2021-DGPRE-DGPRE-P

Intervallo temporale tra la somministrazione dei vaccini anti-SARS-CoV-2/COVID-19 e altri vaccini

Ministero della Salute

DIREZIONE GENERALE DELLA PREVENZIONE SANITARIA

Recommendations for Prevention and Control of Influenza in Children, 2021–2022 Pediatrics September 2021, e2021053744; DOI: <https://doi.org/10.1542/peds.2021-053744>



GRAZIE
PER L'ATTENZIONE

