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Uncommon rash and neurological symptoms related to Shingrix

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Introduction

Shingrix is a non-live recombinant vaccine approved by the Food and Drug Administration (FDA) in 2017 to prevent shingles and postherpetic neuralgia in immunocompetent adults age 50 years and older. A myriad of local and systemic reactions due to the vaccine have been reported, but diffuse erythematous maculopapular rash and neurological symptoms have not yet been reported in English literature.

Case Presentation

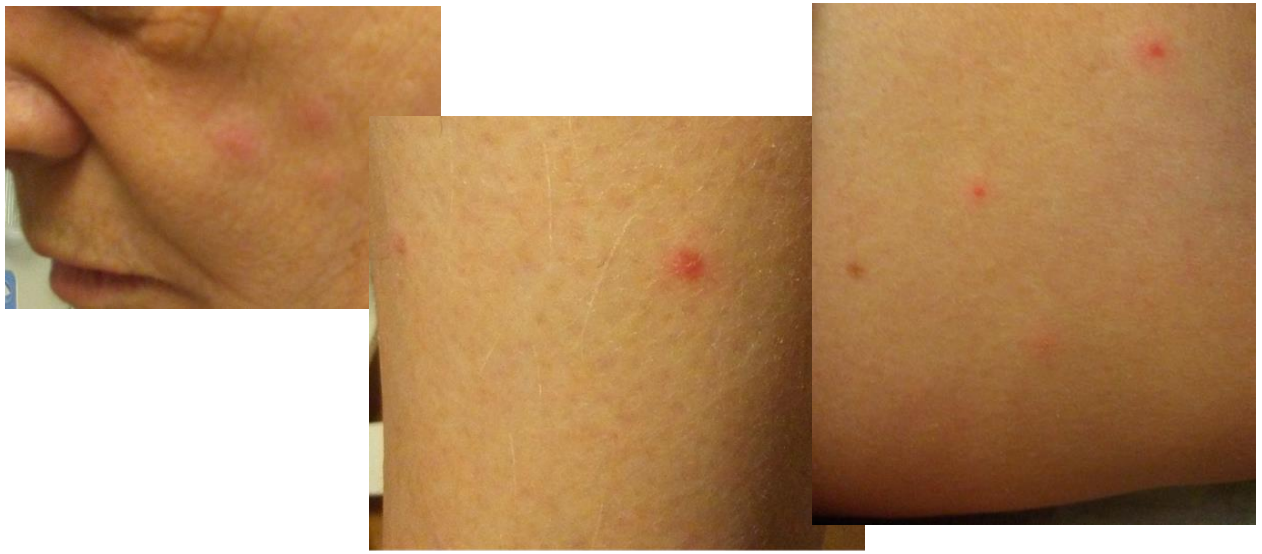
A 54-year female without significant past medical history presented with diffuse erythematous maculopapular rash, itching and a feeling of weakness in both legs. Her symptoms started with itching and erythematous macular rash at the site of shingles shot followed by headache, myalgia, and malaise which did not improve much with Benadryl. The next day, she felt numbness and weakness in both legs. On the third day, she awoke with a diffuse red rash on the face, trunk, lower extremities, fewer lesions on upper extremities. Her review of systems was negative except as mentioned. On examination, she was found to have a diffuse erythematous maculopapular pruritic rash as shown in Fig 1, but no sensory, motor, cranial never or cerebellar signs. Infectious disease was consulted who recommended IV acyclovir considering early varicella with given morphology. The morphology of lesions did not change over a period of times and the VZV PCR of lesions came negative hence acyclovir was discontinued after three days. Patient's symptoms and rash improved over the hospital stay with supportive treatment, and she was discharged home on the fifth day of admission.

Discussion

Shingrix is recommended by the Advisory Committee on Immunization Practices (ACIP) as the preferred shingles vaccine over live zoster vaccine (Zostavax) to prevent shingles and postherpetic neuralgia in immunocompetent adults age 50 years and older. The safety of shingrix was evaluated from the pool date of 8 clinical trials of more than 10,000 participants which showed 17% of vaccine recipients had grade 3 adverse events (preventing normal everyday activities). Grade 3 injection-site reactions (pain, redness, and swelling) were reported by 9.4% of vaccine recipients and grade 3 solicited systemic events (myalgia, fatigue, headache, shivering, fever, and gastrointestinal symptoms) were reported by 10.8% of vaccine recipients. For grade 3 reactions, the median duration was 1 day for all systemic reactions and pain and 2 days for redness and swelling. The nature and duration of rash described in our patient has not been documented in any of the clinical trials.

Conclusions

Emergence of new adverse reactions which have not been reported are plausible with broader use of vaccine. Clinicians must have high index of suspicion for early recognition.



References

1. Lal H, Cunningham AL, Godeaux O, et al. ; ZOE-50 Study Group. Efficacy of an adjuvanted herpes zoster subunit vaccine in older adults. N Engl J Med 2015;372:2087–96.

2. Cunningham AL, Lal H, Kovac M, et al. ; ZOE-70 Study Group. Efficacy of the herpes zoster subunit vaccine in adults 70 years of age or older. N Engl J Med 2016;375:1019–32.

3. Food and Drug Administration. Shingrix [package insert]. Silver Spring, MD: US Department of Health and Human Services, Food and Drug Administration; 2017