Many GPs are accustomed to providing education to parents about the benefits of immunisation for their children, and will continue to provide vaccines for these patients into their teenage years.

However, the need to be immunised against a number of illnesses does not end in those teenage years. Older people, particularly those older than 60, need to be aware of illnesses they can avoid via vaccination.

South Australian GP Dr Rod Pearce has a special interest in immunisation and has been involved in linking Australia’s GPs and public-system immunisation for more than two decades.

‘By coordinating the two systems, we’ve got 90% immunisation rates in children [in Australia]. They have been very successful,’ he told Good Practice. ‘We have funded and coordinated programs to get [childhood] vaccination rates up to the highest in the world, but we haven’t done particularly well in adult vaccine programs.’

One of the illnesses that is a particular concern among older Australians is the latent varicella-zoster virus which, if reactivated in adults, can result in herpes zoster, the skin infection commonly known as shingles.

The varicella-zoster virus lays dormant in anyone who has had chickenpox and shingles typically shows in people who are immuno-compromised, especially older people and those with malignancies or diseases that weaken the immune system. Newborns and pregnant women are also at risk.1

The GP recommendation was the strongest predictor of people intending to get the [live-virus shingles] vaccine.

Shingles affects 150,000 Australians every year and will develop in up to a third of adults in their lifetime.2 Those affected often go on to develop postherpetic neuralgia, which is a result of nerve damage and usually results in severe long-term pain.

‘The thing that disables most is the pain and that is often how shingles presents, with pain,’ Pearce explained. ‘The damage done to the nerve leaves permanent pain. Sometimes for the rest of the person’s life.’

‘It’s the pain that’s the devastating long-term consequence, that people most hate. And it’s the pain that is most disabling.’

Getting the word out
As part of an effort to raise awareness among older Australians, Pearce is involved in a new campaign designed to encourage GPs to talk to these patients about potential immunisation for preventable illnesses, particularly shingles.

The ‘Not Out of the Woods’ campaign was originally developed by pharmaceutical company bioCSL, maker of a live-virus vaccine, and is aimed at patients older than 60.

‘Campaigns like this are excellent opportunities for GPs to have conversations with appropriate patients about shingles and to dispel misconceptions about the condition,’ Pearce said. ‘The fact is, older patients aren’t out of the woods yet in regard to the varicella-zoster virus and reactivation has the potential to have severe, long-lasting impact on their quality of life.’

Dr John Litt is an Associate Professor in General Practice at SA’s Flinders University who sits on various immunisation committees and ran the 2010 Australian Zoster Study, which surveyed older Australians in relation to shingles and the potential use of a vaccine. He warns that as people get older and their immune system declines, they are more...
likely to develop shingles and, in turn, the painful postherpetic neuralgia.

‘The biggest predictor is age. The bulk of shingles cases occur over the age of 50 and the major part of the morbidity occurs in people over the age of 60,’ he told Good Practice.

‘If you had a bout of shingles as you get older, because of the way your immune system reacts to it and it’s not as effective in dampening it down, you are going to get a worse case of shingles. And you are at risk of getting a worse case of postherpetic neuralgia.’

**Vaccination**
The RACGP’s Guidelines for preventive activities in general practice (8th edition) (the Red book) recommend people older than 60 get vaccinated with a single dose of zoster vaccine for prevention of shingles. While the vaccine is not currently available on the National Immunisation Program (NIP), and therefore not free to patients, Pearce believes GPs still need to discuss it with their older patients.

‘The GP’s job is to be aware that it’s available,’ he said.

‘The previous experience in immunisation and with vaccines is that the GP shouldn’t decide that the patient doesn’t want to pay the money; the GP should be offering information and let the patient decide whether they want to intervene.’

‘Just because it is not a publicly-funded program doesn’t mean our patients can’t benefit from it.’

Only 3.1% of older Australians have received the vaccine in the past five years and the most common form of treatment for shingles is the use of antiviral medications, which are publicly funded. These antivirals, however, need to be administered within 72 hours of infection in order to be most effective.

‘The antivirals, if you get them within three days, do make a difference to the severity of shingles and the amount of pain that people suffer, as well as the duration,’ Litt explained.

‘So it’s worthwhile and that’s an authority script for people over 50 because that’s the main target group.

‘[But] the antivirals don’t reduce the risk of postherpetic neuralgia.’

While he is an advocate of patients receiving the vaccine if they are able to, Litt understands people may be reluctant because of the cost or a lack of awareness.

‘The history of paying for vaccines that are not on the National Immunisation Program in Australia, even for children, is problematic,’ he said.

‘People have the view … if the Government is providing it for free then they think it’s important. If they’re not providing it then the message is maybe it’s not as important.’

Litt also agrees with Pearce in the belief that, despite the shingles vaccine not being available on the NIP, GPs should have the conversation with their older patients.

‘GPs see that age group and when they are seeing these people for the flu vaccine or the meningococcal vaccine they can say, “By the way, do you know there is a vaccine available?”’ he said.

‘The thing we found in the Australian Zoster Study was that the GP recommendation was the strongest predictor of people intending to get the vaccine.’

**Please note**
At the time of printing the Pharmaceutical Benefits Advisory Committee was meeting to consider adding the live-virus shingles vaccine to the National Immunisation Program. Recommendations are expected to be available in late 2014 or early 2015. Visit www.pbs.gov.au/pbs/home for more information.