What’s Up Doc?

Questions and answers about scleroderma and your family

The Scleroderma Foundation receives questions on a daily basis from patients seeking answers to various health issues. Although scleroderma is a highly individualized disease, we have found that some concerns are very common among those affected. We hope this forum is helpful to you, our members.

We understand, however, that individual circumstances are unique and ask that you always seek the guidance of your health care professional to obtain the treatment plan that best suits your specific health situation.

Q: My doctor wants me to get the shingles vaccine calls Zostavax®. Is the shingles vaccine safe for people, like me, with scleroderma?

A: There are two considerations: risk and benefit. Patients with scleroderma often are on medications that suppress the immune system, such as prednisone, cyclophosphamide, methotrexate or mycophenolate. These patients should not get the vaccine because the shingles vaccine is a live, attenuated (biologically altered for vaccination) virus that can cause trouble in someone who takes a medication that suppresses the immune system.

The vaccine is about 50 percent effective and, therefore, may prevent local skin eruptions of the virus about half the time. It is not a cure for shingles. Some feel that before using immunosuppression therapies, the vaccine should be given first since there is an increased risk of shingles once a patient is on immunosuppressive medication. I would not delay important treatment for a shingles vaccine.

There is no evidence that the vaccine will activate scleroderma or make the disease worse so generally the recommendations would apply to a stable, healthy scleroderma patient just like anyone else. However, I would not administer the vaccine to a scleroderma patient who is in a weakened or very sick state, such as dealing with malnutrition, or acute or significant chronic body system failure.

Zostavax should NOT be administered to individuals:

- with a history of anaphylactic/anaphylactoid reaction to gelatin, neomycin or any other component of the vaccine.
• with a history of primary or acquired immunodeficiency state, including leukemia, lymphoma, or other malignant neoplasm affecting the bone marrow or lymphatic system, or with acquired immunodeficiency syndrome or other clinical manifestation of infection with human immunodeficiency viruses.
• who are receiving immunosuppressive therapy, including high-dose corticosteroids.
• who are or may be pregnant.

-Fredrick Wigley, M.D., Professor of Medicine and Director of the Johns Hopkins Scleroderma Center in Baltimore. Dr. Wigley also is a member of the Scleroderma Foundation’s National Medical Advisory Board.

Chickenpox vs. Shingles Vaccine

The Advisory Committee for Immunization Practices (ACIP) recommends a single dose of zoster (shingles) vaccine for adults older than 60, whether or not the patient reported a prior episode of shingles. Persons with chronic medical conditions may be vaccinated unless a contraindication or precaution exists for their condition. When vaccinating someone older than 60, there is no need to ask for a history of varicella (chickenpox) infection or to conduct lab tests for prior varicella infection. If a person reports a negative history of varicella, he or she still can receive the shingles vaccine because almost all people older than 60 are immune to varicella.

The ACIP criterion for varicella immunity states that anyone born in the U.S. before 1980 is considered immune to varicella. However, if a physician chooses to screen all adult patients (for the purposes of varicella vaccination), they should inquire about the patient’s birth country and his or her varicella history. If the patient was born in a foreign country, his or her varicella antibody levels should be checked. If, through this screening process or any other process, serologic evidence of varicella susceptibility becomes available to the physician, the patient should be given the varicella vaccine not the shingles vaccine.

-Dr. Wigley