2016

Efficacy of the herpes zoster subunit vaccine in adults 70 years of age or older

A L Cunningham
*University of Sydney*

Himal Lal
GSK Vaccines

Martina Kovac
GSK Vaccines

Roman Chlibek
*University of Defense*

Shinn-Jang Hwang
*Taipei Veterans General Hospital, National Yang Ming University School Of Medicine*

*See next page for additional authors*

**Publication Details**

Efficacy of the herpes zoster subunit vaccine in adults 70 years of age or older

Abstract

BACKGROUND A trial involving adults 50 years of age or older (ZOE-50) showed that the herpes zoster subunit vaccine (HZ/su) containing recombinant varicella-zoster virus glycoprotein E and the AS01B adjuvant system was associated with a risk of herpes zoster that was 97.2% lower than that associated with placebo. A second trial was performed concurrently at the same sites and examined the safety and efficacy of HZ/su in adults 70 years of age or older (ZOE-70). METHODS This randomized, placebo-controlled, phase 3 trial was conducted in 18 countries and involved adults 70 years of age or older. Participants received two doses of HZ/su or placebo (assigned in a 1:1 ratio) administered intramuscularly 2 months apart. Vaccine efficacy against herpes zoster and postherpetic neuralgia was assessed in participants from ZOE-70 and in participants pooled from ZOE-70 and ZOE-50. RESULTS In ZOE-70, 13,900 participants who could be evaluated (mean age, 75.6 years) received either HZ/su (6950 participants) or placebo (6950 participants). During a mean follow-up period of 3.7 years, herpes zoster occurred in 23 HZ/su recipients and in 223 placebo recipients (0.9 vs. 9.2 per 1000 person-years). Vaccine efficacy against herpes zoster was 89.8% (95% confidence interval [CI], 84.2 to 93.7; P<0.001) and was similar in participants 70 to 79 years of age (90.0%) and participants 80 years of age or older (89.1%). In pooled analyses of data from participants 70 years of age or older in ZOE-50 and ZOE-70 (16,596 participants), vaccine efficacy against herpes zoster was 91.3% (95% CI, 86.8 to 94.5; P<0.001), and vaccine efficacy against postherpetic neuralgia was 88.8% (95% CI, 68.7 to 97.1; P<0.001). Solicited reports of injection-site and systemic reactions within 7 days after injection were more frequent among HZ/su recipients than among placebo recipients (79.0% vs. 29.5%). Serious adverse events, potential immune-mediated diseases, and deaths occurred with similar frequencies in the two study groups. CONCLUSIONS In our trial, HZ/su was found to reduce the risks of herpes zoster and postherpetic neuralgia among adults 70 years of age or older. (Funded by GlaxoSmithKline Biologicals; ZOE-50 and ZOE-70 ClinicalTrials.gov numbers, NCT01165177 and NCT01165229.)

Keywords
herpes, zoster, subunit, vaccine, efficacy, adults, older, 70, years, age

Disciplines
Medicine and Health Sciences

Publication Details

Authors
A L Cunningham, Himal Lal, Martina Kovac, Roman Chlibek, Shinn-Jang Hwang, Javier Diez-Domingo, Olivier Godeaux, Myron J. Levin, Janet E. Mcelhaney, Joan Puig-Barbera, and Wilfred W. Yeo

This journal article is available at Research Online: http://ro.uow.edu.au/ihmri/927
Efficacy of the Herpes Zoster Subunit Vaccine in Adults 70 Years of Age or Older


ABSTRACT

BACKGROUND
A trial involving adults 50 years of age or older (ZOE-50) showed that the herpes zoster subunit vaccine (HZ/su) containing recombinant varicella–zoster virus glycoprotein E and the AS01B adjuvant system was associated with a risk of herpes zoster that was 97.2% lower than that associated with placebo. A second trial was performed concurrently at the same sites and examined the safety and efficacy of HZ/su in adults 70 years of age or older (ZOE-70).

METHODS
This randomized, placebo-controlled, phase 3 trial was conducted in 18 countries and involved adults 70 years of age or older. Participants received two doses of HZ/su or placebo (assigned in a 1:1 ratio) administered intramuscularly 2 months apart. Vaccine efficacy against herpes zoster and postherpetic neuralgia was assessed in participants from ZOE-70 and in participants pooled from ZOE-70 and ZOE-50.

RESULTS
In ZOE-70, 13,900 participants who could be evaluated (mean age, 75.6 years) received either HZ/su (6950 participants) or placebo (6950 participants). During a mean follow-up period of 3.7 years, herpes zoster occurred in 23 HZ/su recipients and in 223 placebo recipients (0.9 vs. 9.2 per 1000 person-years). Vaccine efficacy against herpes zoster was 89.8% (95% confidence interval [CI], 84.2 to 93.7; P<0.001) and was similar in participants 70 to 79 years of age (90.0%) and participants 80 years of age or older (89.1%). In pooled analyses of data from participants 70 years of age or older in ZOE-50 and ZOE-70 (16,596 participants), vaccine efficacy against herpes zoster was 91.3% (95% CI, 86.8 to 94.5; P<0.001), and vaccine efficacy against postherpetic neuralgia was 88.8% (95% CI, 68.7 to 97.1; P<0.001). Solicited reports of injection-site and systemic reactions within 7 days after injection were more frequent among HZ/su recipients than among placebo recipients (79.0% vs. 29.5%). Serious adverse events, potential immune-mediated diseases, and deaths occurred with similar frequencies in the two study groups.

CONCLUSIONS
In our trial, HZ/su was found to reduce the risks of herpes zoster and postherpetic neuralgia among adults 70 years of age or older. (Funded by GlaxoSmithKline Biologicals; ZOE-50 and ZOE-70 ClinicalTrials.gov numbers, NCT01165177 and NCT01165229.)
HERPES ZOSTER, OR SHINGLES, RESULTS from the reactivation of latent varicella-zoster virus (VZV) and typically manifests as a vesicular, painful dermatomal rash. The most common complication of herpes zoster, postherpetic neuralgia, manifests as chronic neuropathic pain that can greatly limit daily activities.

The overall incidence of herpes zoster is 2.0 to 4.6 cases per 1000 person-years but increases with age to 10.0 to 12.8 per 1000 person-years among persons 80 years of age or older. Similarly, the incidence of postherpetic neuralgia also increases with age.

Antiviral therapy can reduce the duration of herpes zoster rash but has not been shown to decrease the incidence of postherpetic neuralgia. Vaccination is therefore an attractive option to reduce the disease burden due to herpes zoster and its complications in older adults. Currently, a live attenuated herpes zoster vaccine (Zostavax, Merck) is approved for use in adults 50 years of age or older and is recommended for adults 60 years of age or older.

An investigational herpes zoster subunit vaccine (HZ/su; GSK Vaccines) containing VZV glycoprotein E and the AS01B adjuvant system is being evaluated for the prevention of herpes zoster and postherpetic neuralgia in adults 50 years of age or older. A previous trial (Zoster Efficacy Study in Adults 50 Years of Age or Older [ZOE-50]) showed that HZ/su had a vaccine efficacy against herpes zoster of 97.2%, which was consistent across all age groups. Although 24% of the participants in ZOE-50 were 70 years of age or older, the trial was not intended to definitively assess vaccine efficacy against herpes zoster or postherpetic neuralgia in this age group. Therefore, in parallel with ZOE-50, we conducted a second trial involving only adults who were 70 years of age or older (Zoster Efficacy Study in Adults 70 Years of Age or Older [ZOE-70]) to assess vaccine efficacy against herpes zoster in this population; we also estimated vaccine efficacy against postherpetic neuralgia in the combined population (i.e., from ZOE-50 plus ZOE-70) of adults 70 years of age or older and adults 50 years of age or older.

Here, we present the results of ZOE-70. We also present the results of the prespecified pooled analyses of vaccine efficacy against herpes zoster and postherpetic neuralgia among participants in ZOE-70 and ZOE-50.
Europe, Latin America, and North America) and age group (70 to 79 years vs. 280 years [in a 3:1 ratio]). The investigators, participants, and persons responsible for evaluating the study endpoints were unaware of whether HZ/su or placebo had been administered.

**VACCINATION**

HZ/su contains 50 μg of recombinant VZV glycoprotein E and the liposome-based AS01B adjuvant system (which contains 50 μg of 3-O-desacyl-4′-monophosphoryl lipid A [MPL] and 50 μg of Quillaja saponaria Molina, fraction 21 [QS21, licensed by GSK from Antigenics, a subsidiary of Agenus]). Vaccine or placebo (0.9% saline solution) was administered (0.5 ml) into the deltoid muscle at month 0 and month 2. Participants were to be followed for at least 30 months after the second dose through monthly contacts and annual clinic visits.

**TRIAL END POINTS**

The primary objective of ZOE-70 was to evaluate the efficacy of HZ/su, as compared with placebo, in reducing the risk of herpes zoster among adults 70 years of age or older. The primary objectives of the pooled analysis involving participants from ZOE-50 and ZOE-70 were to evaluate the efficacy of the vaccine, as compared with placebo, in reducing the risk of herpes zoster and the risk of postherpetic neuralgia in the overall population of participants 70 years of age or older from the two studies. The secondary objectives included the evaluation of vaccine efficacy against postherpetic neuralgia among participants 50 years of age or older and the evaluation of vaccine safety and reactogenicity. (A complete list of objectives is provided in the Supplementary Appendix.)

**EVALUATION OF SAFETY AND REACTOGENICITY**

In ZOE-70, a randomly selected subgroup of age-stratified participants recorded injection-site reactions (pain, redness, and swelling) and systemic reactions (fatigue, fever, gastrointestinal symptoms, headache, myalgia, and shivering) on diary cards for 7 days after each injection. Redness and swelling at the injection site were scored as 0 if the affected area was less than 20 mm in diameter, 1 if the affected area was 20 to 50 mm, 2 if the affected area was more than 50 to 100 mm, and 3 if the affected area was more than 100 mm. Fever was scored as 0 for a body temperature lower than 37.5°C, 1 for 37.5°C to 38.0°C, 2 for 38.1°C to 39.0°C, and 3 for higher than 39.0°C (the preferred route for recording temperature was oral). All other symptoms were scored as 0 for absent, 1 for easily tolerated, 2 for interferes with normal activity, and 3 for prevents normal activity.

Unsolicited reports of adverse events were recorded for 30 days after each dose for all participants. All serious adverse events were recorded for all participants for 12 months after the second dose. Serious adverse events that were considered to be related to the study vaccine or to trial participation, events resulting in death, and potential immune-mediated diseases were evaluated in all participants throughout the trial.

**SUSPECTED CASES OF HERPES ZOSTER**

A suspected case of herpes zoster was defined as new unilateral rash with pain (broadly defined to include allodynia, pruritus, or other abnormal sensations) that had no alternative diagnosis. Suspected cases of herpes zoster were evaluated as described previously. Lesion samples were obtained from patients with suspected herpes zoster for polymerase-chain-reaction (PCR) analysis. A suspected case was confirmed as herpes zoster if the PCR assay was positive for VZV. The case was classified as not herpes zoster if the PCR assay was VZV-negative and β-actin–positive (control). If the PCR results were indeterminate (VZV-negative and β-actin–negative) or if samples were not available, the final diagnosis was determined by unanimous agreement among the five members of an ascertainment committee, the members of which were unaware of the study group assignments. If the committee opinion was not unanimous, the case was classified as inconclusive and was considered not to be herpes zoster for the purposes of the statistical analyses.

**ASSESSMENT OF POSTHERPETIC NEURALGIA CASES**

Participants with a suspected case of herpes zoster were asked to attend a schedule of assessment visits and to complete the Zoster Brief Pain Inventory27 questionnaire daily for 28 days and weekly thereafter, until the participant had been pain-free for 4 weeks or for at least 90 days after the onset of the rash. The “worst pain” score (item 3: “Please rate your pain by circling the one number that best describes your pain at its
worst in the last 24 hours,” rated on a scale of 0 to 10, with higher numbers indicating worse pain) was used to determine whether a participant had postherpetic neuralgia. As in previous studies, postherpetic neuralgia was defined as a worst pain score of 3 or higher for pain that persisted or developed more than 90 days after the onset of herpes zoster rash.19,28

**STATISTICAL ANALYSIS**

Safety was analyzed in the total vaccinated cohort, which included all participants who could be evaluated and who had received at least one dose of HZ/su or placebo. Efficacy was analyzed in the total vaccinated cohort and in the modified vaccinated cohort (the primary cohort for the efficacy analysis), which excluded participants who did not receive the second dose or who had a confirmed herpes zoster episode within 1 month (30 days) after the second dose. All the analyses included participants 70 years of age or older, with the exception of the analysis of vaccine efficacy against postherpetic neuralgia, which included participants 50 years of age or older.

Vaccine efficacy was defined as 1 minus the ratio of herpes zoster incidence in the HZ/su group to that in the placebo group, multiplied by 100. All significance tests were two tailed. P values of 0.05 or less were considered to indicate statistical significance. All statistical analyses were performed with SAS software, version 9.3 (SAS Institute), and StatXact software, version 9.0 (Cytel).

**RESULTS**

**STUDY POPULATION**

Participants were enrolled in ZOE-70 between August 2, 2010, and July 21, 2011. The last study visit was on July 24, 2015. A total of 14,816 participants were enrolled and underwent randomization, of whom 916 were excluded from all analyses; 865 of these participants were excluded because of deviations from Good Clinical Practice standards at a study center (see the Supplementary Appendix). The remaining 13,900 participants constituted the total vaccinated cohort, 13,163 of whom (94.7%) were included in the modified vaccinated cohort (Fig. 1). Most participants (94.4% of HZ/su recipients and 95.6% of placebo recipients) received both doses. In the pooled analysis of participants from ZOE-70 and ZOE-50, 17,531 participants 70 years of age or older were included in the total vaccinated cohort, and 16,596 were included in the modified vaccinated cohort (Fig. S1 in the Supplementary Appendix).

In ZOE-70, the demographic characteristics of the participants at baseline were similar in the two groups (Table S1 in the Supplementary Appendix). A total of 54.0% of the participants were from Europe, 76.9% were white, and 54.9% were female. The mean age of the participants at study entry was 75.6 years (range, 62 to 96 years). Four participants younger than 70 years of age were erroneously enrolled in ZOE-70 (3 were 69 years of age, and 1 was 62 years of age). These participants were included in the cohort of participants 70 to 79 years of age for all analyses. Overall, 3066 participants (22.1%) were 80 years of age or older, and 76 (0.5%) were 90 years of age or older. The demographic characteristics of the participants at baseline were also similar in the two groups in the pooled population of participants 70 years of age or older from ZOE-70 and ZOE-50.26

**VACCINE EFFICACY AGAINST HERPES ZOSTER IN ADULTS 70 YEARS OF AGE OR OLDER**

In the ZOE-70 total vaccinated cohort, 432 suspected episodes of herpes zoster were reported, 270 of which were confirmed as herpes zoster (Fig. S2 in the Supplementary Appendix). Of the 270 confirmed cases, 246 occurred in the modified vaccinated cohort: 23 in HZ/su recipients and 223 in placebo recipients, after a mean follow-up period of 3.7 years (Table 1). The incidence of herpes zoster per 1000 person-years was 0.9 in the HZ/su group and 9.2 in the placebo group, for an overall vaccine efficacy of 89.8% (95% confidence interval [CI], 84.2 to 93.7; P<0.001). Vaccine efficacy did not differ significantly between the two age groups (90.0% among participants 70 to 79 years of age and 89.1% among participants ≥80 years of age). In a time-to-event analysis, the cumulative incidence of herpes zoster was lower in the HZ/su group than in the placebo group, in both the modified and the total vaccinated cohorts (Fig. 2A and 2C).

In the pooled analysis of participants 70 years of age or older from ZOE-70 and ZOE-50, a total...
Herpes Zoster Vaccine in Adults 70 or Older

Of 25 confirmed cases of herpes zoster occurred in HZ/su recipients, as compared with 284 cases in placebo recipients, which resulted in a vaccine efficacy of 91.3% against herpes zoster (95% CI, 86.8 to 94.5%) (Table 1). Vaccine efficacy did not differ significantly between the two age groups (91.3% in participants 70 to 79 years of age and 91.4% in participants ≥80 years of age); the results were similar in the total vaccinated cohort (Table S2 in the Supplementary Appendix). The cumulative incidence of herpes zoster was lower in the HZ/su group than in the placebo group (Fig. 2B and 2D). Vaccine efficacy was 97.6% during year 1, 92.0% during year 2, 84.7% during year 3, and 87.9% during year 4 after the second vaccination (Table 1).

**Vaccine Efficacy against Postherpetic Neuralgia**

In the pooled modified vaccinated cohort that included all participants 50 years of age or older, postherpetic neuralgia developed in 4 of 32 HZ/su recipients and in 46 of 477 placebo recipients with herpes zoster, during a mean follow-up period.
<table>
<thead>
<tr>
<th>Condition and Cohort</th>
<th>HZ/su Group</th>
<th>Placebo Group</th>
<th>Vaccine Efficacy†</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Participants</td>
<td>Incidence Rate</td>
<td>Percentage (95% CI)</td>
</tr>
<tr>
<td></td>
<td>Cumulative Follow-up Period‡</td>
<td>cases/1000 person-yr</td>
<td>number</td>
</tr>
<tr>
<td>Herpes zoster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZOE-70</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>6,541</td>
<td>23</td>
<td>0.9</td>
</tr>
<tr>
<td>70–79 yr</td>
<td>5,114</td>
<td>17</td>
<td>0.9</td>
</tr>
<tr>
<td>≥80 yr</td>
<td>1,427</td>
<td>6</td>
<td>1.2</td>
</tr>
<tr>
<td><strong>Year§</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>6,541</td>
<td>2</td>
<td>0.3</td>
</tr>
<tr>
<td>2</td>
<td>6,379</td>
<td>6</td>
<td>1.0</td>
</tr>
<tr>
<td>3</td>
<td>6,137</td>
<td>9</td>
<td>1.5</td>
</tr>
<tr>
<td>4</td>
<td>5,898</td>
<td>6</td>
<td>1.1</td>
</tr>
<tr>
<td>Pooled ZOE-70 and ZOE-50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>8,250</td>
<td>25</td>
<td>0.8</td>
</tr>
<tr>
<td>70–79 yr</td>
<td>6,468</td>
<td>19</td>
<td>0.8</td>
</tr>
<tr>
<td>≥80 yr</td>
<td>1,782</td>
<td>6</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Year§</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>8,250</td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td>2</td>
<td>8,039</td>
<td>7</td>
<td>0.9</td>
</tr>
<tr>
<td>3</td>
<td>7,736</td>
<td>9</td>
<td>1.2</td>
</tr>
<tr>
<td>4</td>
<td>7,426</td>
<td>7</td>
<td>1.0</td>
</tr>
<tr>
<td>Postherpetic neuralgia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pooled ZOE-70 and ZOE-50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥70 yr¶</td>
<td>8,250</td>
<td>4</td>
<td>0.1</td>
</tr>
<tr>
<td>≥50 yr</td>
<td>13,881</td>
<td>4</td>
<td>0.1</td>
</tr>
</tbody>
</table>
Herpes Zoster Vaccine in Adults 70 or Older

The incidence of postherpetic neuralgia per 1000 person-years was 0.1 in the HZ/su group and 0.9 in the placebo group, for a vaccine efficacy of 91.2% among adults 50 years of age or older (95% CI, 75.9 to 97.7%; P<0.001) (Table 1). Postherpetic neuralgia did not develop in any HZ/su recipients younger than 70 years of age. Among participants 70 years of age or older, vaccine efficacy against postherpetic neuralgia was 88.8% (95% CI, 68.7 to 97.1%; P<0.001) (Table 1, and Fig. S3 in the Supplementary Appendix). The cumulative incidence of postherpetic neuralgia was lower in the HZ/su group than in the placebo group, in both the modified and the total vaccinated cohorts (Fig. 3).

The incidence of postherpetic neuralgia among HZ/su recipients with breakthrough herpes zoster did not differ significantly from that among placebo recipients (12.5% and 9.6%, respectively; P=0.54).

**Reactogenicity**

In ZOE-70, a total of 1025 participants (7.4%) were randomly assigned to the reactogenicity subgroup (512 HZ/su recipients and 513 placebo recipients). In this subgroup, solicited reports of reactions (“solicited reactions”) that occurred within 7 days after each vaccination were noted in 79.0% of HZ/su recipients and in 29.5% of placebo recipients (Table 2).

Injection-site solicited reactions occurred in 74.1% of HZ/su recipients and in 9.9% of placebo recipients; most reactions were mild to moderate in intensity. Grade 3 injection-site solicited reactions were reported in 8.5% of HZ/su recipients and in 0.2% of placebo recipients. Systemic solicited reactions occurred in 53.0% of HZ/su recipients and in 25.1% of placebo recipients (grade 3 reactions were reported in 6.0% and 2.0%, respectively). In the HZ/su group, the most common injection-site reaction was pain (in 68.7% of HZ/su recipients) and the most common systemic reaction was fatigue (in 32.9%). The reactions were transient, with median durations of 2 to 3 days for injection-site reactions, 1 to 2 days for systemic reactions, and 1 to 2 days for grade 3 reactions (Table S3 in the Supplementary Appendix).

The overall frequency and severity of the solicited reactions did not increase significantly after the second dose (Fig. S4 in the Supplementary Appendix). Solicited reactions tended to be less...
frequent among participants 80 years of age or older than among those 70 to 79 years of age (Table S4 in the Supplementary Appendix). 

SAFETY

In ZOE-70, during a mean follow-up period of 4.0 years, the overall incidence of serious adverse
events and potential immune-mediated diseases were similar in the two study groups; serious adverse events occurred in 16.6% of HZ/su recipients and in 17.5% of placebo recipients, and potential immune-mediated diseases occurred in 1.3% of HZ/su recipients and in 1.4% of placebo recipients.

---

**Figure 3. Risk of Development of Postherpetic Neuralgia after Vaccination in the Pooled Population.**

Shown are the Kaplan–Meier estimates of the cumulative incidence (expressed as the percentage of the participants at risk) of the development of postherpetic neuralgia during the period from 30 days after receipt of the second dose of HZ/su or placebo to the end of follow-up in the pooled ZOE-70 and ZOE-50 populations. Because of the declining numbers of participants at risk, the Kaplan–Meier curves have been truncated at 48 months after the second dose of HZ/su. Some cases occurred after 48 months. In each panel, the inset shows the same data on an expanded y axis.

---

A. Participants ≥70 Yr of Age in the Modified Vaccinated Cohort

<table>
<thead>
<tr>
<th>Month from 30 Days after Dose 2</th>
<th>Cumulative Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>0.000</td>
</tr>
<tr>
<td>HZ/su</td>
<td>0.000</td>
</tr>
</tbody>
</table>

No. at Risk
- Placebo: 8250
- HZ/su: 8164

Cumulative No. of Cases
- Placebo: 0
- HZ/su: 0

B. Participants ≥50 Yr of Age in the Modified Vaccinated Cohort

<table>
<thead>
<tr>
<th>Month from 30 Days after Dose 2</th>
<th>Cumulative Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>0.000</td>
</tr>
<tr>
<td>HZ/su</td>
<td>0.000</td>
</tr>
</tbody>
</table>

No. at Risk
- Placebo: 13,881
- HZ/su: 13,756

Cumulative No. of Cases
- Placebo: 0
- HZ/su: 0

C. Participants ≥70 Yr of Age in the Total Vaccinated Cohort

<table>
<thead>
<tr>
<th>Month from 30 Days after Dose 2</th>
<th>Cumulative Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>0.000</td>
</tr>
<tr>
<td>HZ/su</td>
<td>0.000</td>
</tr>
</tbody>
</table>

No. at Risk
- Placebo: 8773
- HZ/su: 8758

Cumulative No. of Cases
- Placebo: 0
- HZ/su: 0

D. Participants ≥50 Yr of Age in the Total Vaccinated Cohort

<table>
<thead>
<tr>
<th>Month from 30 Days after Dose 2</th>
<th>Cumulative Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>0.000</td>
</tr>
<tr>
<td>HZ/su</td>
<td>0.000</td>
</tr>
</tbody>
</table>

No. at Risk
- Placebo: 14,035
- HZ/su: 14,038

Cumulative No. of Cases
- Placebo: 0
- HZ/su: 0

---

The New England Journal of Medicine
of herpes zoster in a smaller population of adults 70 years of age or older.26 Vaccine efficacy for the prevention of herpes zoster in adults 70 years of age or older, are consistent with those of a parallel study involving adults 50 years of age or older, which indicated that there was no decline in efficacy with age. This finding is consistent with the results of ZOE-50, in which vaccine efficacy against herpes zoster was found to be similar in all age groups (50 to 59, 60 to 69, and ≥70 years of age), but it contrasts with the efficacy of the approved live attenuated vaccine (Zostavax), which was found to decline with increasing age: 70% in adults 50 to 59 years of age, 64% in adults 60 to 69 years of age, 41% in adults 70 to 79 years of age, and 18% in adults 80 years of age or older.24,25

In the Shingles Prevention Study, the live attenuated herpes zoster vaccine appeared to provide additional protection against postherpetic neuralgia beyond preventing herpes zoster (among adults 60 years of age or older, 51% vaccine efficacy against herpes zoster vs. 67% vaccine efficacy against postherpetic neuralgia).19 Protection against postherpetic neuralgia in our trials appeared to be driven by the lower incidence of herpes zoster (91.3% vaccine efficacy against herpes zoster vs. 88.8% vaccine efficacy against postherpetic neuralgia in the pooled population of adults ≥70 years of age); there is no evidence for additional efficacy against postherpetic neuralgia among HZ/su recipients with breakthrough herpes zoster. However, although the number of postherpetic neuralgia cases in HZ/su recipients was limited because of the high vaccine efficacy against herpes zoster, which precludes a robust assessment of HZ/su vaccine efficacy against postherpetic neuralgia among persons with breakthrough herpes zoster, our results indicate that vaccination with HZ/su substantially reduces the overall risk of postherpetic neuralgia among older adults.

The vaccine efficacy against herpes zoster was 87.9% in the fourth year after vaccination. Although the point estimate for vaccine efficacy against herpes zoster was higher in the first year after vaccination than in subsequent years, this difference was not significant. Therefore, we cannot make conclusions regarding the magnitude of a potential decline in efficacy. Additional follow-up is required to assess the persistency of HZ/su-induced protection over a longer period.

DISCUSSION

Herpes zoster and its complications, especially postherpetic neuralgia, are associated with substantial morbidity among older adults. In this phase 3 trial, two doses of HZ/su administered 2 months apart had a vaccine efficacy of 89.8%, as compared with placebo, in reducing the risk of herpes zoster among adults 70 years of age or older. A similar vaccine efficacy in reducing the risk of postherpetic neuralgia was shown in the pooled analysis.

The results of the current trial, which involved a population of adults 70 years of age or older, are consistent with those of a parallel study involving adults 50 years of age or older (ZOE-50), in which HZ/su was shown to have an efficacy of 97.9% for the prevention of herpes zoster in a smaller population of adults 70 years of age or older.26 Vaccine efficacy for the prevention of herpes zoster in adults 70 years or age or older did not differ significantly between these two studies.

ZOE-50 and ZOE-70 were conducted in an identical manner at the same sites, and participants 70 years of age or older were randomly assigned to one of the two studies. Therefore, pooling data from both studies was justified and provided a more robust assessment of vaccine efficacy against herpes zoster; it also allowed for an analysis of vaccine efficacy against postherpetic neuralgia, an analysis that would not otherwise have been feasible given the low risk of postherpetic neuralgia among the participants in each individual study. Vaccine efficacy against herpes zoster in the pooled analysis was very similar in the two age groups studied (91.3% among participants 70 to 79 years of age and 91.4% among participants ≥80 years of age), which indicated that there was no decline in efficacy with age. This finding is consistent with the results of ZOE-50, in which vaccine efficacy against herpes zoster was found to be similar in all age groups (50 to 59, 60 to 69, and ≥70 years of age), but it contrasts with the efficacy of the approved live attenuated vaccine (Zostavax), which was found to decline with increasing age: 70% in adults 50 to 59 years of age, 64% in adults 60 to 69 years of age, 41% in adults 70 to 79 years of age, and 18% in adults 80 years of age or older.24,25
Solicited reports of injection-site and systemic reactions were more common among HZ/su recipients than among placebo (saline) recipients, a finding consistent with results of previous studies. The reactions were generally mild-to-moderate in intensity and were transient, and neither their frequencies nor their severity increased significantly after the second dose.
Despite the higher reactogenicity observed with HZ/su, adherence to receiving the second dose was similar to that with placebo (approximately 95%). The frequency of solicited reports of injection-site and systemic reactions decreased slightly with age.

No safety concerns associated with HZ/su were identified in the current trial. The overall incidences of potential immune-mediated diseases, serious adverse events, and deaths were similar in the vaccine and placebo groups. One death in the HZ/su group was considered by the local investigator to be related to the vaccination; however, serious adverse events considered by the investigators to be related to vaccination were similar in frequency between the two study groups. In addition, reported serious adverse events were consistent with general expectations for this older population.29 These results are consistent with those of ZOE-50, in which no safety concerns related to vaccination with HZ/su were identified.26 Furthermore, participants from the placebo groups in ZOE-50 and ZOE-70 are currently being offered vaccination with HZ/su under a separate protocol (ClinicalTrials.gov number, NCT02690207). This open-label, single-group study will allow us to collect additional safety data.

As we found in adults 50 years of age or older,26 the efficacy of HZ/su indicates that immune responses directed against a single VZV antigen (glycoprotein E) are capable of protecting against herpes zoster in adults 70 years of age or older. Although the immunologic basis for protection against herpes zoster is not known, VZV-specific CD4+ T cells are believed to play a central role.30,31 Accordingly, HZ/su induces strong glycoprotein E–specific immune responses, including CD4+ T-cell responses, that are preserved with age.20,24 Moreover, the robustness of the immune responses to glycoprotein E are attributable to the action of the AS01b adjuvant system, which has also been shown to enhance CD4+ T-cell and humoral immune responses to subunit antigens from other pathogens.52,53 Together, these results suggest that such adjuvants have the potential to improve the efficacy of vaccines that are intended for use in older adults and other populations that may otherwise have a lower response to vaccination.

In conclusion, in ZOE-70 we found that the adjuvanted subunit HZ/su vaccine reduced the risk of herpes zoster and postherpetic neuralgia among adults 70 years of age or older, without substantial safety concerns.

Supported by GlaxoSmithKline Biologicals.

Dr. Cunningham reports receiving consulting fees from Merck, BioCSL/Sequirus, and the GSK group of companies (GSK), all paid to his institution. Dr. Kovac, Dr. Campora, Ms. Vanden Abeele, Dr. Zahaf, and Dr. Oostvogels report being employees of GSK; Drs. Kovac, Zahaf, and Oostvogels also report holding stock in the company as part of their employee remuneration. Drs. Heineman, Lal, and Godeaux report being employees of and holding stock in GSK as part of their employee remuneration at the time of the study; Dr. Heineman is a current employee of Genocea Biosciences, Dr. Lal is a current employee of Pfizer, and Dr. Godeaux is a current employee of Crucell Holland. Dr. Chilibek reports receiving lecture fees from Pfizer and Gilead Sciences and grant support from Gilead Sciences; Dr. Diez-Domingo, receiving fees for serving on advisory boards from GSK and Sanofi Pasteur MSD and grant support from Sanofi Pasteur MSD; Dr. Levin, receiving fees for serving on an advisory board from Merck, grant support from Merck and GSK, and royalties from a patent related to a zoster vaccine that he holds with Merck; Dr. McElhaney, receiving honoraria from GSK, Pfizer, Merck, and Sanofi Pasteur, paid to her institution, and travel support from Pfizer, Merck, and Sanofi Pasteur; Dr. Puig-Barberà, receiving personal fees and grant support from GSK and Novartis; Dr. Vesikari, receiving fees for serving on an advisory board from Sanofi Pasteur MSD, lecture fees from GSK and Merck, and grant support from Merck; Dr. Watanabe, receiving consulting fees from Maruho and Japan Vaccines, lecture fees from Maruho and Mochida, and grant support from Maruho; Dr. de Looze, receiving grant support from GSK and Novartis; Dr. Gorfinkel, receiving lecture fees and grant support from GSK, Astellas, Ferrering, Forest, Novo Nordisk, Janssen-Ortho, Bayer, Wyeth, Combinator, Pfizer, Pharmenet, AstraZeneca, Lundbeck, Bristol-Myers Squibb, Romark, McNeil, and Johnson & Johnson; Dr. McNeil, receiving consulting and lecture fees from Pfizer and Merck and grant support from Pfizer and GSK; Dr. Rombo, receiving lecture fees from GSK, Sanofi Pasteur, and Valneva; Dr. Smetana, receiving fees for serving on a board from Pfizer and lecture fees and travel support from GSK; and Dr. Weeks, receiving fees for serving on advisory boards from Novartis, GSK, Abbvie, and Wyeth. No other potential conflict of interest relevant to this article was reported.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

The New England Journal of Medicine

Downloaded from nejm.org at UNIVERSITY OF WOLLONGONG on October 19, 2016. For personal use only. No other uses without permission. Copyright © 2016 Massachusetts Medical Society. All rights reserved.
Herpes Zoster Vaccine in Adults 70 or Older

Rombo, M.D., Ph.D., Jan Smetana, M.D., Ph.D., Lily Weakx, M.D., Ph.D., Wilfred Yeo, M.B., Ch.B., M.D., and Thomas C. Heine- man, M.D., Ph.D.

The authors’ affiliations are as follows: Westmead Institute for Medical Research, Westmead, NSW (A.L.C.); University of Sydney, Sydney (A.L.C.); the Department of Infectious Disease, Barwon Health, Deakin University, Geelong, VIC (E.A.); AusTrials and the Discipline of General Practice, School of Medicine, University of Queensland, Brisbane (F.L.); and Illawarra Health and Medical Research Institute, Graduate School of Medicine, University of Wollongong, Wollongong, NSW (W.Y.) — all in Australia; GSK Vaccines, King of Prussia, PA (H.L., T.C.H.); GSK Vaccines, Ware, Belgium (M.K., O.G., C.V.A., T.Z., L.C., L.O.); Faculty of Military Health Sciences, University of Defense, Hradec Králové, Czech Republic (R.C., J.S.); the Department of Family Medicine, Taipei Veterans General Hospital, and National Yang Ming University School of Medicine, Taipei, Taiwan (S.-H.J.); the Vaccine Research Unit, Fundación para el Fomento de la Investigación Sanitaria y Biomédica, Valencia, Spain (J.D.-D., J.P.-B.); the Departments of Pediatrics and Medicine, University of Colorado Anschutz Medical Campus, Aurora (M.J.L.); Health Sciences North Research Institute, Sudbury, ON (J.E.M.), the Section of Infectious Diseases, University of British Columbia, Victoria (W.G.); PrimeHealth Clinical Research, Toronto (I.G.), and the Canadian Vaccine Center, VIKW Health Center and Nova Scotia Health Authority, Dalhousie University, Halifax (S.A.M.) — all in Canada; Vaccine Research Center, University of Tampere, Tampere, Finland (T.V., A.A., T.K.); the Department of Dermatology, Aichi Medical University, Nagakute, Japan (D.W.); Instituto Dermatologico de Jalicso Dr. Jose Barba Rubio, Zapopan, Mexico (J.F.B.-G.); Jacksonville Center for Clinical Research, Jacksonville, FL (H.J.D.); the Division of Geriatric Medicine, Department of Medicine and Geriatrics, United Christian Hospital, Hong Kong (E.L.); Center for Clinical Research, Sörmland County Council, Eskilstuna, and Upgusa University, Upsalsa — both in Sweden (L.R.); and Centro de Referencia de Imunobiológicos Especiais, Universidade Federal de São Paulo, São Paulo (L.W.).

References


Copyright © 2016 Massachusetts Medical Society.