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A new paradigm in the prevention of shingles

Hanbi Lee
The Catholic University of Korea, Republic of Korea

Varicella-zoster virus (VZV) is a neurotropic human herpes virus that causes varicella (chickenpox) and herpes zoster (HZ, shingles). HZ results from the reactivation of latent VZV. It is a significant health problem causing morbidity and, less frequently, mortality in unvaccinated adults aged >50yrs. The incidence of HZ is determined by factors influencing the virus-host relationship, primarily the host's VZV-CMI (cell-mediated immunity), which maintains VZV latency. Immune senescence in older adults and weakened immunity in immunocompromised individuals, including those with autoimmune diseases (AIDs), chronic medical disorders or those receiving immunosuppressive therapy, increase the risk of VZV reactivation and HZ. Since solid organ transplant (SOT) recipients receive lifelong immunosuppressive therapy, they are vulnerable to HZ. Both HZ incidence and HZ related complications occur more frequently and with higher severity in SOT recipients. Vaccination attempts to restore VZV-specific CMI that has waned due to aging, disease or an immunocompromised state. It could help relieve the burden that HZ and its associated complications. Since it induces a more potent immune response to prevent reactivation of latent VZV in a person already infected who has pre-existing immunity to VZV, it considered as a "Therapeutic vaccine". Currently there are 2 licensed zoster vaccines available, a live vaccine (zoster vaccine live, ZVL, 2006), and a recombinant vaccine (recombinant zoster vaccine, RZV, 2018). In this symposium, we will discuss the differences between the two vaccines and guidelines to prevent HZ in SOT recipients.