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Shingrix Vaccination For Recurrent Genital Herpes: A Real-World Clinic Experience

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Dear Editor

We report on the exploratory use of the recombinant herpes zoster vaccine (RZV, Shingrix) to manage recurrent genital HSV-2 infection in a male in his early 60s, with bi-monthly outbreaks causing substantial psychological and physical burden. Genital herpes was confirmed through HSV-2 detection in genital swabs, and previously managed with acyclovir, either episodically (400mg TDS for 5 days) or continuously (400mg BD). The medical history showed no immunodeficiency or significant comorbidities. VZV IgG status was not measured as this is not routinely assessed during an HSV review.

Vaccination with a VZV vaccine was considered based on evidence linking VZV IgG titres with risk of HSV outbreaks.¹ The recombinant zoster vaccine (RZV, Shingrix) was preferred for its higher demonstrated efficacy against herpes zoster compared with the attenuated virus-based vaccine.²

He received a RZV dose in July and again in November 2024 and was instructed to report to the clinic for any adverse reactions or outbreaks and to record the frequency of subsequent HSV-2 outbreaks over 6 months if unable to attend clinic.

During this period, the patient reported a decrease in herpes outbreaks, from 6 bi-monthly outbreaks the previous year to none in the following 6 months, with two episodes of 'tingling sensation' over the typical outbreak area but no sores, ulcers or skin lesions as self-reported by the patient. The patient was asked to provide a statement regarding his experience at the end of the 6 months. He wrote: "I immediately noticed a difference in

both the incidence and severity of herpes attacks. I have not had an outbreak since the summer, and this has been life-changing for me.”

This case suggests RZV's potential as an alternative to traditional HSV management. Additional investigation is needed to determine its applicability. The immunological correlation between VZV antibody levels and HSV recurrence rates,¹ warrants further study.

¹ Palmer BS, Tang A, Winchester S, Atkins M, Barton S, Kelleher P. Is the level of varicella-zoster virus IgG associated with symptomatic status of genital herpes simplex virus infection? A case-control study. *Int J STD AIDS*. 2024 Mar;35(4):314-318. doi: 10.1177/09564624231221172. Epub 2023 Dec 13. PMID: 38093464.

² Levin MJ, Weinberg A. Immune responses to zoster vaccines. *Hum Vaccin Immunother*. 2019;15(4):772-777. doi: 10.1080/21645515.2018.1560918. Epub 2019 Jan 24. PMID: 30676834; PMCID: PMC6605864.

Contribution Statement: BSP came up with the hypothesis, executed the work and wrote the manuscript. Bret S. Palmer / BSP are the guarantor

MW, ABT and KR, helped write and review the manuscript

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Patient Consent for Publication: Obtained.

Ethics Approval: None required, patient went for Shingrix vaccine at the correct age for herpes zoster prevention, we monitored for changes in HSV reoccurrence.

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