

Luncheon Symposium 8

Chairperson

Doo-Man Kim
Hallym University, Korea

Speaker

Sunghee Park
Soonchunhyang University, Korea



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Soonchunhyang University, Korea

• Education

Period	Affiliation	Position
– 2022-2024	University of Ulsan, Graduate School	Doctoral candidate, ABD
– 2018-2021	Soonchunhyang University, Graduate School	M.A.
– 2010-2016	Soonchunhyang University, College of Medicine	B.A.

• Affiliations / Experience

Period	Affiliation	Position
– 2024-Present	Division of Infectious Diseases, Department of Internal Medicine, Soonchunhyang University Bucheon Hospital	Assistant Professor
– 2022-2024	Division of Infectious Diseases, Department of Internal Medicine, Soonchunhyang University Bucheon Hospital	Clinical Assistant Professor
– 2020-2022	Division of Infectious Diseases, Department of Internal Medicine, Asan Medical Center	Fellow
– 2017-2020	Department of Internal Medicine, Soonchunhyang University Seoul/Gumi Hospital	Resident
– 2016-2017	Soonchunhyang University Seoul Hospital	Intern

• Committee Memberships

- Korean Society of Infectious Diseases
- Korean Society for Antimicrobial Therapy
- The Korean Society for AIDS

• Publications

- Initial and five-day positive rate of SARS-CoV-2 polymerase chain reaction in exposed inpatients within shared rooms in the Omicron variant dominant period (Infect Control Hosp Epidemiol. 2024;45(3):377-379.)
- Green vegetable juice as a potential source of human fascioliasis in Korea (One Health. 2022;15:100441.)
- The Role of Age in Subclinical Atherosclerosis in Asian People Living with Human Immunodeficiency Virus (Infect Chemother. 2022;54(2):308-315.)
- Clinical and virological characteristics of SARS-CoV-2 B.1.617.2 (Delta) variant: a prospective cohort study (Clin Infect Dis. 2022;75(1):e27-34.)
- Infectious Causes of Eosinophilic Meningitis in Korean Patients: A Single-Institution Retrospective Chart Review from 2004 to 2018 (Korean J Parasitol. 2021;59(3):227-233.)

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Why is Shingles Vaccination Recommended for Patients with Metabolic Disease?

Sunghee Park (Soonchunhyang University, Korea)

Herpes zoster, commonly known as shingles, is caused by reactivation of the varicella-zoster virus (VZV), which lies dormant in sensory ganglia nerves after primary infection. Approximately 99.5% of adults over 40 years of age show serologic evidence of VZV infection, and in the U.S., 1 in 3 people develop shingles during their lifetime. Shingles is characterized by neuropathic pain accompanied by rash, which starts as erythematous papules in a dermatomal distribution, turns into grouped vesicles or bullae, then becomes pustular and ultimately crusts over after 7-10 days. Several complications such as postherpetic neuralgia, herpes zoster ophthalmicus, acute retinal necrosis, and Ramsay-Hunt syndrome may occur, and recent studies have shown herpes zoster to be associated with stroke, transient ischemic attack, myocardial infarction, and cardiovascular disease. Risk factors for herpes zoster include old age, immunosuppression due to medical conditions or immunosuppressive medications, psychological stress, physical trauma, and comorbidities such as diabetes mellitus, cardiovascular disease, chronic kidney disease, COPD, and obesity.

Herpes zoster can cause severe pain and may lead to serious complications that can significantly affect the patient's quality of life. While antivirals may help to decrease the duration and severity of symptoms, they are not a perfect cure, and cannot prevent recurrence. Thus, prevention through vaccination may be the best tactic. While the zoster live vaccine was initially used, it had certain limitations; 1) vaccine efficacy was found to wane rapidly over time, with efficacy no longer being valid after approximately 7 years, 2) vaccine efficacy was especially low in the older adult population (vaccine efficacy for patients over 60 years was 51.3%), and 3) it was contraindicated in patients with immunosuppression or immunodeficiency. The recombinant zoster vaccine (RZV), which was later developed, overcame these limitations, with a higher vaccine efficacy of 97.2% in patients over 50 years, and 91.3% in those over 70 years of age. In patients with diabetes, dyslipidemia, and hypertension, vaccine efficacy was over 91%. In a recent study that evaluated the overall vaccine efficacy in people ≥ 50 years at year 11 after RZV administration, the results showed vaccine efficacy to be maintained at around 88%. Additionally, since RZV does not contain the live virus, it can be safely used in immunocompromised patients. In recent years, several countries including the U.S., Canada, Germany, Austria, and the U.K. have modified their vaccine recommendations to include RZV for the prevention of shingles. In South Korea, the Korean Society of Infectious Diseases released their 2023 update to recommend RZV vaccination for adults aged 50 and older, and severely immunocompromised individuals aged 18 and older. Healthcare professionals should take care to recommend vaccination in patients with a high risk of shingles and its complications.