

Trial record 1 of 1 for: NCT00535730

[Previous Study](#) | [Return to List](#) | [Next Study](#)**ZOSTAVAX™ Administered Concomitantly With PNEUMOVAX™ 23 (V211-012)(COMPLETED)****This study has been completed.****Sponsor:**

Merck Sharp &amp; Dohme Corp.

**Information provided by (Responsible Party):**

Merck Sharp &amp; Dohme Corp.

**ClinicalTrials.gov Identifier:**

NCT00535730

First received: September 21, 2007

Last updated: April 1, 2015

Last verified: April 2015

[History of Changes](#)[Full Text View](#)[Tabular View](#)[Study Results](#)[Disclaimer](#)[? How to Read a Study Record](#)**▶ Purpose**

The purpose of this study is to determine whether Zoster Vaccine Live and Pneumococcal Vaccine, polyvalent are as well tolerated and immunogenic when the vaccines are given together (in different body sites), as when they are given alone, in adults 60 years of age and older.

| <u>Condition</u>                        | <u>Intervention</u>  | <u>Phase</u> |
|---|--|--------------|
| Herpes Zoster<br>Pneumococcal Infection | Biological: Zoster Vaccine, Live, (Oka-Merck), ZOSTAVAX™<br>Biological: Comparator: placebo (concomitant-vaccine matched)<br>Biological: Pneumococcal Vaccine, Polyvalent (23-valent), PNEUMOVAX™ 23 | Phase 3      |

Study Type: [Interventional](#)Study Design: [Allocation: Randomized](#)[Endpoint Classification: Safety/Efficacy Study](#)[Intervention Model: Parallel Assignment](#)[Masking: Double Blind \(Subject, Investigator\)](#)[Primary Purpose: Prevention](#)

Official Title: A Phase III Double-Blind, Randomized, Multicenter Study to Evaluate the Safety, Tolerability, and Immunogenicity of ZOSTAVAX™ Administered Concomitantly Versus Nonconcomitantly With PNEUMOVAX™ 23 in Subjects 60 Years of Age and Older

**Resource links provided by NLM:**[MedlinePlus](#) related topics: [Pneumococcal Infections](#) [Shingles](#)[Drug Information](#) available for: [Heptavalent pneumococcal conjugate vaccine](#) [Herpes Zoster Vaccine](#) [Pneumococcal Vaccines](#)[U.S. FDA Resources](#)**Further study details as provided by Merck Sharp & Dohme Corp.:**

## Primary Outcome Measures:

- Geometric Mean Titer (GMT) of Varicella-zoster Virus (VZV) Antibody Responses at 4 Weeks Postvaccination [ Time Frame: 4 weeks postvaccination ] [ Designated as safety issue: No ]  
GMT of the VZV antibody responses at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 and those who receive ZOSTAVAX™ and PNEUMOVAX™ 23 nonconcomitantly. \*gpELISA = glycoprotein enzyme-linked immunosorbent assay
- Geometric Mean Fold Rise (GMFR) of the Varicella-zoster Virus (VZV) Antibody Responses From Day 1 to 4 Weeks Postvaccination. [ Time Frame: Four weeks postvaccination ] [ Designated as safety issue: No ]  
GMFR of the VZV antibody response from prevaccination to Week 4 postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23. gpELISA = glycoprotein enzyme-linked immunosorbent assay.
- Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 3 Antibody Response at 4 Weeks Postvaccination. [ Time Frame: Four weeks postvaccination ] [ Designated as safety issue: No ]  
GMT of the PnPs serotype 3 antibody response at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 and those who receive ZOSTAVAX™ and PNEUMOVAX™ 23 nonconcomitantly.
- Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 14 Antibody Response at 4 Weeks Postvaccination. [ Time Frame: Four weeks postvaccination ] [ Designated as safety issue: No ]  
GMT of the PnPs serotype 14 antibody response at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 and those who receive ZOSTAVAX™ and PNEUMOVAX™ 23 nonconcomitantly.
- Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 19A Antibody Response at 4 Weeks Postvaccination. [ Time Frame: Four weeks postvaccination ] [ Designated as safety issue: No ]  
GMT of the PnPs serotype 19A antibody response at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 and those who receive ZOSTAVAX™ and PNEUMOVAX™ 23 nonconcomitantly.
- Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 22F Antibody Response at 4 Weeks Postvaccination. [ Time Frame: Four weeks postvaccination ] [ Designated as safety issue: No ]  
GMT of the PnPs serotype 22F antibody response at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 and those who receive ZOSTAVAX™ and PNEUMOVAX™ 23 nonconcomitantly.

## Secondary Outcome Measures:

- Safety and Tolerability of Both Vaccines When Administered Concomitantly. [ Time Frame: Eight weeks postvaccination ] [ Designated as safety issue: Yes ]

All adverse events were analyzed including serious adverse events; injection-site adverse events; Vaccination Report Card prompted systemic adverse events, including varicella-like rashes or herpes zoster-like rashes; all other systemic adverse events.

Enrollment: 473  
Study Start Date: June 2007  
Study Completion Date: February 2008  
Primary Completion Date: February 2008 (Final data collection date for primary outcome measure)

| <u>Arms</u>                                 | <u>Assigned Interventions</u>   |
|---|---|
| Placebo Comparator: 1<br>Placebo Comparator | Biological: Zoster Vaccine, Live, (Oka-Merck), ZOSTAVAX™<br>0.65 mL injection Zoster Vaccine, Live, (Oka-Merck) over 4 week vaccination period<br>Other Name: ZOSTAVAX™<br>Biological: Comparator: placebo (concomitant-vaccine matched)<br>Pneumococcal Vaccine, Polyvalent (23-valent) 0.5 mL Placebo injection over 4 week vaccination period. |
| Experimental: 2<br>vaccine                  | Biological: Zoster Vaccine, Live, (Oka-Merck), ZOSTAVAX™<br>0.65 mL injection Zoster Vaccine, Live, (Oka-Merck) over 4 week vaccination period<br>Other Name: ZOSTAVAX™<br>Biological: Pneumococcal Vaccine, Polyvalent (23-valent), PNEUMOVAX™ 23  |

Pneumococcal Vaccine, Polyvalent (23-valent) 0.5 mL injection over 4 week vaccination period.  
Other Name: PNEUMOVAX™ 23

## ▶ Eligibility

Ages Eligible for Study: 60 Years and older  
Genders Eligible for Study: Both  
Accepts Healthy Volunteers: Yes

### Criteria

#### Inclusion Criteria:

- 60 years of age or older
- Stable underlying conditions
- Postmenopausal if female
- Afebrile

#### Exclusion Criteria:

- Previously vaccinated with either vaccine
- Immune deficiency
- History of allergy to components in either vaccine
- Concomitant antiviral therapy

## ▶ Contacts and Locations

Choosing to participate in a study is an important personal decision. Talk with your doctor and family members or friends about deciding to join a study. To learn more about this study, you or your doctor may contact the study research staff using the Contacts provided below. For general information, see [Learn About Clinical Studies](#).

Please refer to this study by its ClinicalTrials.gov identifier: NCT00535730

### Sponsors and Collaborators

Merck Sharp & Dohme Corp.

### Investigators

Study Director: Medical Monitor Merck Sharp & Dohme Corp.

## ▶ More Information

### Publications:

[MacIntyre CR, Egerton T, McCaughey M, Parrino J, Campbell BV, Su SC, Pagnoni MF, Stek JE, Xu J, Annunziato PW, Chan IS, Silber JL. Concomitant administration of zoster and pneumococcal vaccines in adults ≥60 years old. Hum Vaccin. 2010 Nov;6\(11\):894-902. Epub 2010 Nov 1.](#)

Responsible Party: Merck Sharp & Dohme Corp.  
ClinicalTrials.gov Identifier: [NCT00535730](#) [History of Changes](#)  
Other Study ID Numbers: V211-012 2007\_592  
Study First Received: September 21, 2007  
Results First Received: January 21, 2009  
Last Updated: April 1, 2015  
Health Authority: Germany: Federal Institute for Drugs and Medical Devices

### Additional relevant MeSH terms:

Herpes Zoster  
Pneumococcal Infections  
Gram-Positive Bacterial Infections  
Herpesviridae Infections

Bacterial Infections  
DNA Virus Infections

Streptococcal Infections  
Virus Diseases

ClinicalTrials.gov processed this record on April 20, 2016

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## ZOSTAVAX™ Administered Concomitantly With PNEUMOVAX™ 23 (V211-012)(COMPLETED)

**This study has been completed.**

**Sponsor:**

Merck Sharp &amp; Dohme Corp.

**Information provided by (Responsible Party):**

Merck Sharp &amp; Dohme Corp.

**ClinicalTrials.gov Identifier:**

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First received: September 21, 2007

Last updated: April 1, 2015

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Results First Received: January 21, 2009

|                       |  |
|-----------------------|--|
| <b>Study Type:</b>    | Interventional   |
| <b>Study Design:</b>  | Allocation: Randomized; Endpoint Classification: Safety/Efficacy Study; Intervention Model: Parallel Assignment; Masking: Double Blind (Subject, Investigator); Primary Purpose: Prevention          |
| <b>Conditions:</b>    | Herpes Zoster<br>Pneumococcal Infection  |
| <b>Interventions:</b> | Biological: Zoster Vaccine, Live, (Oka-Merck), ZOSTAVAX™<br>Biological: Comparator: placebo (concomitant-vaccine matched)<br>Biological: Pneumococcal Vaccine, Polyvalent (23-valent), PNEUMOVAX™ 23 |

### ▶ Participant Flow

[Hide Participant Flow](#)

#### Recruitment Details

**Key information relevant to the recruitment process for the overall study, such as dates of the recruitment period and locations**

Phase III

First subject enrolled on 18-Jun-2007.

Last subject enrolled on 05-Dec-2007.

The last subject's last visit was 11-Feb-2008.

The study was conducted at 18 study centers throughout Canada, Australia, and Europe.

#### Pre-Assignment Details

**Significant events and approaches for the overall study following participant enrollment, but prior to group assignment**

No text entered.

**Reporting Groups**

|                             | Description   |
|-----------------------------|---|
| <b>Nonconcomitant Group</b> | Subjects were administered PNEUMOVAX™ 23 intramuscularly on Day 1 followed by ZOSTAVAX™ subcutaneously on Week 4                          |
| <b>Concomitant Group</b>    | Subjects were administered ZOSTAVAX™ subcutaneously concomitantly with PNEUMOVAX™ 23 intramuscularly at separate injection sites at Day 1 |

**Participant Flow: Overall Study**

|                              | Nonconcomitant Group | Concomitant Group |
|------------------------------|----------------------|-------------------|
| <b>STARTED</b>               | <b>236</b>           | <b>237 [1]</b>    |
| <b>COMPLETED</b>             | <b>234</b>           | <b>230</b>        |
| <b>NOT COMPLETED</b>         | <b>2</b>             | <b>7</b>          |
| <b>Adverse Event</b>         | <b>1</b>             | <b>1</b>          |
| <b>Lost to Follow-up</b>     | <b>0</b>             | <b>1</b>          |
| <b>Physician Decision</b>    | <b>0</b>             | <b>1</b>          |
| <b>Protocol Violation</b>    | <b>1</b>             | <b>0</b>          |
| <b>Withdrawal by Subject</b> | <b>0</b>             | <b>4</b>          |

[1] Two subjects were allocated but not vaccinated making the number of subjects vaccinated 235

**▶ Baseline Characteristics** [Hide Baseline Characteristics](#)**Population Description**

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.

No text entered.

**Reporting Groups**

|                             | Description   |
|-----------------------------|---|
| <b>Nonconcomitant Group</b> | Subjects were administered PNEUMOVAX™ 23 intramuscularly on Day 1 followed by ZOSTAVAX™ subcutaneously on Week 4                          |
| <b>Concomitant Group</b>    | Subjects were administered ZOSTAVAX™ subcutaneously concomitantly with PNEUMOVAX™ 23 intramuscularly at separate injection sites at Day 1 |
| <b>Total</b>                | Total of all reporting groups   |

**Baseline Measures**

|                               | Nonconcomitant Group | Concomitant Group | Total |
|-------------------------------|----------------------|-------------------|-------|
| <b>Number of Participants</b> |                      |                   |       |

|   |            |            |            |
|---|------------|------------|------------|
| [units: participants]                               | 236        | 235        | 471        |
| Age<br>[units: years]<br>Mean (Standard Deviation)  | 66.0 (5.6) | 66.3 (5.6) | 66.2 (5.6) |
| Gender<br>[units: participants]                     |            |            |            |
| Female  | 135        | 138        | 273        |
| Male  | 101        | 97         | 198        |
| Race/Ethnicity, Customized<br>[units: participants] |            |            |            |
| Asian   | 1          | 1          | 2          |
| Black or African American                           | 0          | 1          | 1          |
| White   | 235        | 233        | 468        |

## Outcome Measures

 Hide All Outcome Measures

1. Primary: Geometric Mean Titer (GMT) of Varicella-zoster Virus (VZV) Antibody Responses at 4 Weeks Postvaccination [ Time Frame: 4 weeks postvaccination ]

|                     |  |
|---------------------|--|
| Measure Type        | Primary  |
| Measure Title       | Geometric Mean Titer (GMT) of Varicella-zoster Virus (VZV) Antibody Responses at 4 Weeks Postvaccination   |
| Measure Description | GMT of the VZV antibody responses at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 and those who receive ZOSTAVAX™ and PNEUMOVAX™ 23 nonconcomitantly.<br>*gpELISA = glycoprotein enzyme-linked immunosorbent assay |
| Time Frame          | 4 weeks postvaccination  |
| Safety Issue        | No   |

### Population Description

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

Analysis was per protocol. The following protocol violations resulted in exclusion of subjects from analysis: receipt of prohibited medications; vaccine temperature compromised prior to administration; excluded medical condition; samples collected outside of Statistical Analysis Plan specified time window; exposure to herpes zoster (HZ) or VZV.

### Reporting Groups

|                      | Description   |
|----------------------|---|
| Nonconcomitant Group | Subjects were administered PNEUMOVAX™ 23 intramuscularly on Day 1 followed by ZOSTAVAX™ subcutaneously on Week 4                          |
| Concomitant Group    | Subjects were administered ZOSTAVAX™ subcutaneously concomitantly with PNEUMOVAX™ 23 intramuscularly at separate injection sites at Day 1 |

### Measured Values

|  | Nonconcomitant | Concomitant |
|--|----------------|-------------|
|--|----------------|-------------|

|   | Group                     | Group                     |
|---|---------------------------|---------------------------|
| <b>Number of Participants Analyzed</b><br>[units: participants]   | 225                       | 217                       |
| <b>Geometric Mean Titer (GMT) of Varicella-zoster Virus (VZV) Antibody Responses at 4 Weeks Postvaccination</b><br>[units: gpELISA units*/mL]<br>Geometric Mean (95% Confidence Interval) | 448.5<br>(400.3 to 502.4) | 371.6<br>(328.7 to 420.0) |

#### Statistical Analysis 1 for Geometric Mean Titer (GMT) of Varicella-zoster Virus (VZV) Antibody Responses at 4 Weeks Postvaccination

|  |                               |
|--|-------------------------------|
| <b>Groups</b> <sup>[1]</sup>                           | All groups                    |
| <b>Non-Inferiority/Equivalence Test</b> <sup>[2]</sup> | Yes                           |
| <b>Method</b> <sup>[3]</sup>                           | longitudinal regression model |
| <b>P Value</b> <sup>[4]</sup>                          | 0.244                         |

|            |  |
|------------|--|
| <b>[1]</b> | Additional details about the analysis, such as null hypothesis and power calculation:<br><br>The hypothesis was that the GMT of the VZV antibody responses at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 will be noninferior to that in subjects who receive ZOSTAVAX™ nonconcomitantly      |
| <b>[2]</b> | Details of power calculation, definition of non-inferiority margin, and other key parameters:<br><br>The power for the noninferiority hypothesis of VZV antibody titers is 92%. The noninferiority margin is the lower bound of the two-sided 95% confidence interval on the VZV antibody GMT ratio[concomitant/nonconcomitant] being >0.67. |
| <b>[3]</b> | Other relevant method information, such as adjustments or degrees of freedom:<br><br>Week 4 postvac, estimated responses, GMT ratio, 95% CI, p-value based on a longitudinal regression model adjusting for prevac titers and age (years)  |
| <b>[4]</b> | Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:<br><br>The threshold for statistical significance is 0.025. There is no adjustment for multiple comparisons.  |

2. Primary: Geometric Mean Fold Rise (GMFR) of the Varicella-zoster Virus (VZV) Antibody Responses From Day 1 to 4 Weeks Postvaccination.  
[ Time Frame: Four weeks postvaccination ]

|                            |  |
|----------------------------|--|
| <b>Measure Type</b>        | Primary  |
| <b>Measure Title</b>       | Geometric Mean Fold Rise (GMFR) of the Varicella-zoster Virus (VZV) Antibody Responses From Day 1 to 4 Weeks Postvaccination.  |
| <b>Measure Description</b> | GMFR of the VZV antibody response from prevaccination to Week 4 postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23.<br>gpELISA = glycoprotein enzyme-linked immunosorbent assay. |
| <b>Time Frame</b>          | Four weeks postvaccination   |
| <b>Safety Issue</b>        | No   |

#### Population Description

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.

Analysis was per protocol. The following protocol violations resulted in exclusion of subjects from analysis: receipt of prohibited medications; vaccine temperature compromised prior to administration; excluded medical condition; samples collected outside of Statistical Analysis Plan specified time window; exposure to herpes zoster (HZ) or VZV.

### Reporting Groups

|                          | Description   |
|--------------------------|---|
| <b>Concomitant Group</b> | Subjects were administered ZOSTAVAX™ subcutaneously concomitantly with PNEUMOVAX™ 23 intramuscularly at separate injection sites at Day 1 |

### Measured Values

|   | Concomitant Group |
|---|-------------------|
| <b>Number of Participants Analyzed</b><br>[units: participants]   | 217               |
| <b>Geometric Mean Fold Rise (GMFR) of the Varicella-zoster Virus (VZV) Antibody Responses From Day 1 to 4 Weeks Postvaccination.</b><br>[units: gpELISA units/mL]<br>Geometric Mean (95% Confidence Interval) | 1.9 (1.7 to 2.1)  |

### Statistical Analysis 1 for Geometric Mean Fold Rise (GMFR) of the Varicella-zoster Virus (VZV) Antibody Responses From Day 1 to 4 Weeks Postvaccination.

|                    |                   |
|--------------------|-------------------|
| <b>Groups [1]</b>  | Concomitant Group |
| <b>Method [2]</b>  | t-test, 1 sided   |
| <b>P Value [3]</b> | <0.001            |

|            |   |
|------------|---|
| <b>[1]</b> | Additional details about the analysis, such as null hypothesis and power calculation:<br><br>The hypothesis was that ZOSTAVAX™ elicits an acceptable VZV antibody response when administered concomitantly with PNEUMOVAX™ 23.  |
| <b>[2]</b> | Other relevant method information, such as adjustments or degrees of freedom:<br><br>The one-sided p-value for testing acceptability for GMFR is computed based on t-test. CI is computed based on the t distribution   |
| <b>[3]</b> | Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:<br><br>The threshold for statistical significance is 0.025. There is no adjustment for multiple comparisons. |

### 3. Primary: Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 3 Antibody Response at 4 Weeks Postvaccination. [ Time Frame: Four weeks postvaccination ]

|                            |  |
|----------------------------|--|
| <b>Measure Type</b>        | Primary  |
| <b>Measure Title</b>       | Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 3 Antibody Response at 4 Weeks Postvaccination.  |
| <b>Measure Description</b> | GMT of the PnPs serotype 3 antibody response at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 and those who receive ZOSTAVAX™ and PNEUMOVAX™ 23 nonconcomitantly. |
| <b>Time Frame</b>          | Four weeks postvaccination   |

|                     |    |
|---------------------|----|
| <b>Safety Issue</b> | No |
|---------------------|----|

### Population Description

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

Analysis was per protocol. The following protocol violations resulted in exclusion of subjects from analysis: prior receipt of a pneumococcal vaccine; receipt of prohibited medications; vaccine temperature compromised prior to administration; excluded medical condition; samples collected outside of Statistical Analysis Plan specified time window.

### Reporting Groups

|                             | Description   |
|-----------------------------|---|
| <b>Nonconcomitant Group</b> | Subjects were administered PNEUMOVAX™ 23 intramuscularly on Day 1 followed by ZOSTAVAX™ subcutaneously on Week 4                          |
| <b>Concomitant Group</b>    | Subjects were administered ZOSTAVAX™ subcutaneously concomitantly with PNEUMOVAX™ 23 intramuscularly at separate injection sites at Day 1 |

### Measured Values

|  | Nonconcomitant Group | Concomitant Group |
|--|----------------------|-------------------|
| <b>Number of Participants Analyzed</b><br>[units: participants]  | 228                  | 219               |
| <b>Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 3 Antibody Response at 4 Weeks Postvaccination.</b><br>[units: micrograms/mL]<br>Geometric Mean (95% Confidence Interval) | 1.2 (1.1 to 1.4)     | 1.1 (1.0 to 1.2)  |

### Statistical Analysis 1 for Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 3 Antibody Response at 4 Weeks Postvaccination.

|  |                               |
|--|-------------------------------|
| <b>Groups</b> <sup>[1]</sup>                           | All groups                    |
| <b>Non-Inferiority/Equivalence Test</b> <sup>[2]</sup> | Yes                           |
| <b>Method</b> <sup>[3]</sup>                           | longitudinal regression model |
| <b>P Value</b> <sup>[4]</sup>                          | <0.001                        |

**[1]** Additional details about the analysis, such as null hypothesis and power calculation:

The hypothesis was that the GMT of the PnPs antibody response to serotype 3 at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 will be noninferior to those in subjects who receive ZOSTAVAX™ nonconcomitantly.

**[2]** Details of power calculation, definition of non-inferiority margin, and other key parameters:

The power for the noninferiority hypothesis regarding PnPs antibody titer is ~99%. The noninferiority margin is the lower bound of the two-sided 95% confidence interval (CI) on the PnPs antibody GMT ratio [concomitant/nonconcomitant] being >05.

**[3]** Other relevant method information, such as adjustments or degrees of freedom:

Week 4 postvac, estimated responses, GMT ratio, 95% CI, p-value based on a longitudinal regression model adjusting for prevac titers and age (years)

**[4]** Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:

The threshold for statistical significance is 0.025. There is no adjustment for multiple comparisons.

4. Primary: Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 14 Antibody Response at 4 Weeks Postvaccination. [ Time Frame: Four weeks postvaccination ]

|                            |   |
|----------------------------|---|
| <b>Measure Type</b>        | Primary   |
| <b>Measure Title</b>       | Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 14 Antibody Response at 4 Weeks Postvaccination.  |
| <b>Measure Description</b> | GMT of the PnPs serotype 14 antibody response at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 and those who receive ZOSTAVAX™ and PNEUMOVAX™ 23 nonconcomitantly. |
| <b>Time Frame</b>          | Four weeks postvaccination  |
| <b>Safety Issue</b>        | No  |

#### Population Description

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

Analysis was per protocol. The following protocol violations resulted in exclusion of subjects from analysis: prior receipt of a pneumococcal vaccine; receipt of prohibited medications; vaccine temperature compromised prior to administration; excluded medical condition; samples collected outside of Statistical Analysis Plan specified time window.

#### Reporting Groups

|                             | Description   |
|-----------------------------|---|
| <b>Nonconcomitant Group</b> | Subjects were administered PNEUMOVAX™ 23 intramuscularly on Day 1 followed by ZOSTAVAX™ subcutaneously on Week 4                          |
| <b>Concomitant Group</b>    | Subjects were administered ZOSTAVAX™ subcutaneously concomitantly with PNEUMOVAX™ 23 intramuscularly at separate injection sites at Day 1 |

#### Measured Values

|   | Nonconcomitant Group   | Concomitant Group      |
|---|------------------------|------------------------|
| <b>Number of Participants Analyzed</b><br>[units: participants]   | 228                    | 219                    |
| <b>Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 14 Antibody Response at 4 Weeks Postvaccination.</b><br>[units: micrograms/mL]<br>Geometric Mean (95% Confidence Interval) | 26.5<br>(22.9 to 30.8) | 25.7<br>(21.8 to 30.3) |

#### Statistical Analysis 1 for Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 14 Antibody Response at 4 Weeks Postvaccination.

|  |                               |
|--|-------------------------------|
| <b>Groups</b> <sup>[1]</sup>                           | All groups                    |
| <b>Non-Inferiority/Equivalence Test</b> <sup>[2]</sup> | Yes                           |
| <b>Method</b> <sup>[3]</sup>                           | longitudinal regression model |
| <b>P Value</b> <sup>[4]</sup>                          | <0.001                        |

|            |  |
|------------|--|
| <b>[1]</b> | Additional details about the analysis, such as null hypothesis and power calculation:  |
|            | The hypothesis was that the GMT of the PnPs antibody responses to serotype 14 at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 will be noninferior to those in subjects who receive ZOSTAVAX™ nonconcomitantly. |
| <b>[2]</b> | Details of power calculation, definition of non-inferiority margin, and other key parameters:  |
|            | The power for the noninferiority hypothesis regarding PnPs antibody titer is ~99%. The noninferiority margin is the lower bound of the two-sided 95% confidence interval (CI) on the PnPs antibody GMT ratio [concomitant/nonconcomitant] being >05.         |
| <b>[3]</b> | Other relevant method information, such as adjustments or degrees of freedom:  |
|            | Week 4 postvac, estimated responses, GMT ratio, 95% CI, p-value based on a longitudinal regression model adjusting for prevac titers and age (years)   |
| <b>[4]</b> | Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:   |
|            | The threshold for statistical significance is 0.025. There is no adjustment for multiple comparisons.  |

5. Primary: Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 19A Antibody Response at 4 Weeks Postvaccination. [ Time Frame: Four weeks postvaccination ]

|                            |  |
|----------------------------|--|
| <b>Measure Type</b>        | Primary  |
| <b>Measure Title</b>       | Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 19A Antibody Response at 4 Weeks Postvaccination.  |
| <b>Measure Description</b> | GMT of the PnPs serotype 19A antibody response at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 and those who receive ZOSTAVAX™ and PNEUMOVAX™ 23 nonconcomitantly. |
| <b>Time Frame</b>          | Four weeks postvaccination   |
| <b>Safety Issue</b>        | No   |

#### Population Description

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

Analysis was per protocol. The following protocol violations resulted in exclusion of subjects from analysis: prior receipt of a pneumococcal vaccine; receipt of prohibited medications; vaccine temperature compromised prior to administration; excluded medical condition; samples collected outside of Statistical Analysis Plan specified time window.

#### Reporting Groups

|                             | Description   |
|-----------------------------|---|
| <b>Nonconcomitant Group</b> | Subjects were administered PNEUMOVAX™ 23 intramuscularly on Day 1 followed by ZOSTAVAX™ subcutaneously on Week 4                          |
| <b>Concomitant Group</b>    | Subjects were administered ZOSTAVAX™ subcutaneously concomitantly with PNEUMOVAX™ 23 intramuscularly at separate injection sites at Day 1 |

#### Measured Values

|   | Nonconcomitant Group | Concomitant Group |
|---|----------------------|-------------------|
| <b>Number of Participants Analyzed</b><br>[units: participants] | 228                  | 219               |

|  |                              |                              |
|--|------------------------------|------------------------------|
| <b>Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 19A Antibody Response at 4 Weeks Postvaccination.</b><br>[units: micrograms/mL]<br>Geometric Mean (95% Confidence Interval) | <b>10.5</b><br>(8.7 to 12.6) | <b>10.5</b><br>(8.7 to 12.7) |
|--|------------------------------|------------------------------|

#### Statistical Analysis 1 for Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 19A Antibody Response at 4 Weeks Postvaccination.

|   |                               |
|---|-------------------------------|
| <b>Groups</b> [1]                           | All groups                    |
| <b>Non-Inferiority/Equivalence Test</b> [2] | Yes                           |
| <b>Method</b> [3]                           | longitudinal regression model |
| <b>P Value</b> [4]                          | <0.001                        |

|            |  |
|------------|--|
| <b>[1]</b> | Additional details about the analysis, such as null hypothesis and power calculation:<br><br>The hypothesis was that the GMT of the PnPs antibody responses to serotype 19A at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 will be noninferior to those in subjects who receive ZOSTAVAX™ nonconcomitantly. |
| <b>[2]</b> | Details of power calculation, definition of non-inferiority margin, and other key parameters:<br><br>The power for the noninferiority hypothesis regarding PnPs antibody titer is ~99%. The noninferiority margin is the lower bound of the two-sided 95% confidence interval (CI) on the PnPs antibody GMT ratio [concomitant/nonconcomitant] being >05.  |
| <b>[3]</b> | Other relevant method information, such as adjustments or degrees of freedom:<br><br>Week 4 postvac, estimated responses, GMT ratio, 95% CI, p-value based on a longitudinal regression model adjusting for prevac titers and age (years)  |
| <b>[4]</b> | Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:<br><br>The threshold for statistical significance is 0.025. There is no adjustment for multiple comparisons.  |

#### 6. Primary: Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 22F Antibody Response at 4 Weeks Postvaccination. [ Time Frame: Four weeks postvaccination ]

|                            |  |
|----------------------------|--|
| <b>Measure Type</b>        | Primary  |
| <b>Measure Title</b>       | Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 22F Antibody Response at 4 Weeks Postvaccination.  |
| <b>Measure Description</b> | GMT of the PnPs serotype 22F antibody response at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 and those who receive ZOSTAVAX™ and PNEUMOVAX™ 23 nonconcomitantly. |
| <b>Time Frame</b>          | Four weeks postvaccination   |
| <b>Safety Issue</b>        | No   |

#### Population Description

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

Analysis was per protocol. The following protocol violations resulted in exclusion of subjects from analysis: prior receipt of a pneumococcal vaccine; receipt of prohibited medications; vaccine temperature compromised prior to administration; excluded medical condition; samples collected outside of Statistical Analysis Plan specified time window.

## Reporting Groups

|                             | Description   |
|-----------------------------|---|
| <b>Nonconcomitant Group</b> | Subjects were administered PNEUMOVAX™ 23 intramuscularly on Day 1 followed by ZOSTAVAX™ subcutaneously on Week 4                          |
| <b>Concomitant Group</b>    | Subjects were administered ZOSTAVAX™ subcutaneously concomitantly with PNEUMOVAX™ 23 intramuscularly at separate injection sites at Day 1 |

## Measured Values

|  | Nonconcomitant Group | Concomitant Group |
|--|----------------------|-------------------|
| <b>Number of Participants Analyzed</b><br>[units: participants]  | 228                  | 219               |
| <b>Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 22F Antibody Response at 4 Weeks Postvaccination.</b><br>[units: micrograms/mL]<br>Geometric Mean (95% Confidence Interval) | 2.8 (2.3 to 3.3)     | 2.5 (2.1 to 3.0)  |

## Statistical Analysis 1 for Geometric Mean Titer (GMT) of the Pneumococcal Polysaccharide (PnPs) Serotype 22F Antibody Response at 4 Weeks Postvaccination.

|   |                               |
|---|-------------------------------|
| <b>Groups</b> [1]                           | All groups                    |
| <b>Non-Inferiority/Equivalence Test</b> [2] | Yes                           |
| <b>Method</b> [3]                           | longitudinal regression model |
| <b>P Value</b> [4]                          | <0.001                        |

|            |  |
|------------|--|
| <b>[1]</b> | Additional details about the analysis, such as null hypothesis and power calculation:<br><br>The hypothesis was that the GMT of the PnPs antibody responses to serotype 22F at 4 weeks postvaccination in subjects who receive ZOSTAVAX™ concomitantly with PNEUMOVAX™ 23 will be noninferior to those in subjects who receive ZOSTAVAX™ nonconcomitantly. |
| <b>[2]</b> | Details of power calculation, definition of non-inferiority margin, and other key parameters:<br><br>The power for the noninferiority hypothesis regarding PnPs antibody titer is ~99%. The noninferiority margin is the lower bound of the two-sided 95% confidence interval (CI) on the PnPs antibody GMT ratio [concomitant/nonconcomitant] being >05.  |
| <b>[3]</b> | Other relevant method information, such as adjustments or degrees of freedom:<br><br>Week 4 postvac, estimated responses, GMT ratio, 95% CI, p-value based on a longitudinal regression model adjusting for prevac titers and age (years)  |
| <b>[4]</b> | Additional information, such as whether or not the p-value is adjusted for multiple comparisons and the a priori threshold for statistical significance:<br><br>The threshold for statistical significance is 0.025. There is no adjustment for multiple comparisons.  |

## 7. Secondary: Safety and Tolerability of Both Vaccines When Administered Concomitantly. [ Time Frame: Eight weeks postvaccination ]

|                      |   |
|----------------------|---|
| <b>Measure Type</b>  | Secondary   |
| <b>Measure Title</b> | Safety and Tolerability of Both Vaccines When Administered Concomitantly. |

|                            |  |
|----------------------------|--|
| <b>Measure Description</b> | All adverse events were analyzed including serious adverse events; injection-site adverse events; Vaccination Report Card prompted systemic adverse events, including varicella-like rashes or herpes zoster-like rashes; all other systemic adverse events. |
| <b>Time Frame</b>          | Eight weeks postvaccination  |
| <b>Safety Issue</b>        | Yes  |

**Population Description**

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.

All subjects who received at least one vaccination

**Reporting Groups**

|                             | Description   |
|-----------------------------|---|
| <b>Nonconcomitant Group</b> | Subjects were administered PNEUMOVAX™ 23 intramuscularly on Day 1 followed by ZOSTAVAX™ subcutaneously on Week 4                          |
| <b>Concomitant Group</b>    | Subjects were administered ZOSTAVAX™ subcutaneously concomitantly with PNEUMOVAX™ 23 intramuscularly at separate injection sites at Day 1 |

**Measured Values**

|   | Nonconcomitant Group | Concomitant Group |
|---|----------------------|-------------------|
| <b>Number of Participants Analyzed</b><br>[units: participants]   | 236                  | 235               |
| <b>Safety and Tolerability of Both Vaccines When Administered Concomitantly.</b><br>[units: Participants] |                      |                   |
| <b>Injection site AEs</b>   | 141                  | 136               |
| <b>Systemic AEs</b>   | 74                   | 70                |
| <b>Serious AEs</b>  | 4                    | 2                 |
| <b>Varicella-like Rash</b>  | 3                    | 2                 |
| <b>Zoster-like Rash</b>   | 1                    | 1                 |

No statistical analysis provided for Safety and Tolerability of Both Vaccines When Administered Concomitantly.

**▶ Serious Adverse Events**

 Hide Serious Adverse Events

|                               |                  |
|-------------------------------|------------------|
| <b>Time Frame</b>             | No text entered. |
| <b>Additional Description</b> | No text entered. |

**Reporting Groups**

|  | Description |
|--|-------------|
|  |             |

|                             |   |
|-----------------------------|---|
| <b>Nonconcomitant Group</b> | Subjects were administered PNEUMOVAX™ 23 intramuscularly on Day 1 followed by ZOSTAVAX™ subcutaneously on Week 4                          |
| <b>Concomitant Group</b>    | Subjects were administered ZOSTAVAX™ subcutaneously concomitantly with PNEUMOVAX™ 23 intramuscularly at separate injection sites at Day 1 |

### Serious Adverse Events

|  | Nonconcomitant Group | Concomitant Group    |
|--|----------------------|----------------------|
| <b>Total, serious adverse events</b>                                       |                      |                      |
| <b># participants affected</b>   | <b>4</b>             | <b>2</b>             |
| <b>Ear and labyrinth disorders</b>   |                      |                      |
| <b>Vertigo <sup>* 1</sup></b>  |                      |                      |
| <b># participants affected / at risk</b>                                   | <b>0/236 (0.00%)</b> | <b>1/235 (0.43%)</b> |
| <b>Infections and infestations</b>   |                      |                      |
| <b>Diverticulitis <sup>* 1</sup></b>                                       |                      |                      |
| <b># participants affected / at risk</b>                                   | <b>1/236 (0.42%)</b> | <b>0/235 (0.00%)</b> |
| <b>Neoplasms benign, malignant and unspecified (incl cysts and polyps)</b> |                      |                      |
| <b>Non-Hodgkin's Lymphoma <sup>* 1</sup></b>                               |                      |                      |
| <b># participants affected / at risk</b>                                   | <b>1/236 (0.42%)</b> | <b>0/235 (0.00%)</b> |
| <b>Nervous system disorders</b>  |                      |                      |
| <b>Global amnesia <sup>* 1</sup></b>                                       |                      |                      |
| <b># participants affected / at risk</b>                                   | <b>1/236 (0.42%)</b> | <b>0/235 (0.00%)</b> |
| <b>Respiratory, thoracic and mediastinal disorders</b>                     |                      |                      |
| <b>Chronic obstructive pulmonary disease <sup>* 1</sup></b>                |                      |                      |
| <b># participants affected / at risk</b>                                   | <b>1/236 (0.42%)</b> | <b>0/235 (0.00%)</b> |
| <b>Skin and subcutaneous tissue disorders</b>                              |                      |                      |
| <b>Dermatitis contact <sup>* 1</sup></b>                                   |                      |                      |
| <b># participants affected / at risk</b>                                   | <b>0/236 (0.00%)</b> | <b>1/235 (0.43%)</b> |
| <b>Vascular disorders</b>  |                      |                      |
| <b>Haematoma <sup>* 1</sup></b>  |                      |                      |
| <b># participants affected / at risk</b>                                   | <b>1/236 (0.42%)</b> | <b>0/235 (0.00%)</b> |

\* Events were collected by non-systematic assessment

<sup>1</sup> Term from vocabulary, MedDRA 11.0

### Other Adverse Events

 Hide Other Adverse Events

|                               |                  |
|-------------------------------|------------------|
| <b>Time Frame</b>             | No text entered. |
| <b>Additional Description</b> | No text entered. |

## Frequency Threshold

|   |    |
|---|----|
| Threshold above which other adverse events are reported | 1% |
|---|----|

## Reporting Groups

|                             | Description   |
|-----------------------------|---|
| <b>Nonconcomitant Group</b> | Subjects were administered PNEUMOVAX™ 23 intramuscularly on Day 1 followed by ZOSTAVAX™ subcutaneously on Week 4                          |
| <b>Concomitant Group</b>    | Subjects were administered ZOSTAVAX™ subcutaneously concomitantly with PNEUMOVAX™ 23 intramuscularly at separate injection sites at Day 1 |

## Other Adverse Events

|   | Nonconcomitant Group   | Concomitant Group      |
|---|------------------------|------------------------|
| <b>Total, other (not including serious) adverse events</b>    |                        |                        |
| <b># participants affected</b>                                | <b>154</b>             | <b>143</b>             |
| <b>Gastrointestinal disorders</b>                             |                        |                        |
| <b>Nausea <sup>* 1</sup></b>                                  |                        |                        |
| <b># participants affected / at risk</b>                      | <b>3/236 (1.27%)</b>   | <b>2/235 (0.85%)</b>   |
| <b>Stomach discomfort <sup>* 1</sup></b>                      |                        |                        |
| <b># participants affected / at risk</b>                      | <b>0/236 (0.00%)</b>   | <b>3/235 (1.28%)</b>   |
| <b>Vomiting <sup>* 1</sup></b>                                |                        |                        |
| <b># participants affected / at risk</b>                      | <b>3/236 (1.27%)</b>   | <b>0/235 (0.00%)</b>   |
| <b>General disorders</b>                                      |                        |                        |
| <b>Fatigue <sup>* 1</sup></b>                                 |                        |                        |
| <b># participants affected / at risk</b>                      | <b>3/236 (1.27%)</b>   | <b>1/235 (0.43%)</b>   |
| <b>Malaise <sup>* 1</sup></b>                                 |                        |                        |
| <b># participants affected / at risk</b>                      | <b>0/236 (0.00%)</b>   | <b>3/235 (1.28%)</b>   |
| <b>Pyrexia <sup>* 1</sup></b>                                 |                        |                        |
| <b># participants affected / at risk</b>                      | <b>1/236 (0.42%)</b>   | <b>5/235 (2.13%)</b>   |
| <b>Erythema (ZOSTAVAX™ injection site) <sup>† 1</sup></b>     |                        |                        |
| <b># participants affected / at risk</b>                      | <b>70/236 (29.66%)</b> | <b>72/235 (30.64%)</b> |
| <b>Erythema (PNEUMOVAX™ 23 injection site) <sup>† 1</sup></b> |                        |                        |
| <b># participants affected / at risk</b>                      | <b>30/236 (12.71%)</b> | <b>46/235 (19.57%)</b> |
| <b>Erythema (Placebo injection site) <sup>† 1</sup></b>       |                        |                        |
| <b># participants affected / at risk</b>                      | <b>7/236 (2.97%)</b>   | <b>1/235 (0.43%)</b>   |
| <b>Induration (ZOSTAVAX™ injection site) <sup>† 1</sup></b>   |                        |                        |
| <b># participants affected / at risk</b>                      | <b>3/236 (1.27%)</b>   | <b>2/235 (0.85%)</b>   |
| <b>Pain (ZOSTAVAX™ injection site) <sup>† 1</sup></b>         |                        |                        |
| <b># participants affected / at risk</b>                      | <b>68/236 (28.81%)</b> | <b>74/235 (31.49%)</b> |
| <b>Pain (PNEUMOVAX™ 23 injection site) <sup>† 1</sup></b>     |                        |                        |
| <b># participants affected / at risk</b>                      | <b>82/236 (34.75%)</b> | <b>95/235 (40.43%)</b> |

|  |                 |                 |
|--|-----------------|-----------------|
| <b>Pain (Placebo injection site) † 1</b>               |                 |                 |
| # participants affected / at risk                      | 21/236 (8.90%)  | 8/235 (3.40%)   |
| <b>Pruritus (ZOSTAVAX™ injection site) † 1</b>         |                 |                 |
| # participants affected / at risk                      | 8/236 (3.39%)   | 11/235 (4.68%)  |
| <b>Swelling (ZOSTAVAX™ injection site) † 1</b>         |                 |                 |
| # participants affected / at risk                      | 63/236 (26.69%) | 67/235 (28.51%) |
| <b>Swelling (PNEUMOVAX™ 23 injection site) † 1</b>     |                 |                 |
| # participants affected / at risk                      | 30/236 (12.71%) | 49/235 (20.85%) |
| <b>Swelling (Placebo injection site) † 1</b>           |                 |                 |
| # participants affected / at risk                      | 5/236 (2.12%)   | 3/235 (1.28%)   |
| <b>Infections and infestations</b>                     |                 |                 |
| <b>Nasopharyngitis * 1</b>                             |                 |                 |
| # participants affected / at risk                      | 5/236 (2.12%)   | 9/235 (3.83%)   |
| <b>Upper respiratory tract infection * 1</b>           |                 |                 |
| # participants affected / at risk                      | 1/236 (0.42%)   | 5/235 (2.13%)   |
| <b>Urinary tract infection * 1</b>                     |                 |                 |
| # participants affected / at risk                      | 4/236 (1.69%)   | 3/235 (1.28%)   |
| <b>Musculoskeletal and connective tissue disorders</b> |                 |                 |
| <b>Arthralgia * 1</b>                                  |                 |                 |
| # participants affected / at risk                      | 3/236 (1.27%)   | 1/235 (0.43%)   |
| <b>Back pain * 1</b>                                   |                 |                 |
| # participants affected / at risk                      | 5/236 (2.12%)   | 3/235 (1.28%)   |
| <b>Musculoskeletal pain * 1</b>                        |                 |                 |
| # participants affected / at risk                      | 3/236 (1.27%)   | 1/235 (0.43%)   |
| <b>Myalgia * 1</b>                                     |                 |                 |
| # participants affected / at risk                      | 4/236 (1.69%)   | 4/235 (1.70%)   |
| <b>Pain in extremity * 1</b>                           |                 |                 |
| # participants affected / at risk                      | 4/236 (1.69%)   | 2/235 (0.85%)   |
| <b>Nervous system disorders</b>                        |                 |                 |
| <b>Headache * 1</b>                                    |                 |                 |
| # participants affected / at risk                      | 4/236 (1.69%)   | 13/235 (5.53%)  |
| <b>Respiratory, thoracic and mediastinal disorders</b> |                 |                 |
| <b>Cough * 1</b>                                       |                 |                 |
| # participants affected / at risk                      | 0/236 (0.00%)   | 3/235 (1.28%)   |
| <b>Pharyngolaryngeal pain * 1</b>                      |                 |                 |
| # participants affected / at risk                      | 4/236 (1.69%)   | 5/235 (2.13%)   |
| <b>Skin and subcutaneous tissue disorders</b>          |                 |                 |
| <b>Erythema * 1</b>                                    |                 |                 |
| # participants affected / at risk                      | 3/236 (1.27%)   | 3/235 (1.28%)   |
| <b>Pruritus * 1</b>                                    |                 |                 |
| # participants affected / at risk                      | 3/236 (1.27%)   | 2/235 (0.85%)   |

|                                   |               |               |
|-----------------------------------|---------------|---------------|
| Rash * 1                          |               |               |
| # participants affected / at risk | 6/236 (2.54%) | 1/235 (0.43%) |
| Rash Vesicular * 1                |               |               |
| # participants affected / at risk | 4/236 (1.69%) | 3/235 (1.28%) |

† Events were collected by systematic assessment

\* Events were collected by non-systematic assessment

1 Term from vocabulary, MedDRA 11.0

## ▶ Limitations and Caveats

☰ Hide Limitations and Caveats

Limitations of the study, such as early termination leading to small numbers of participants analyzed and technical problems with measurement leading to unreliable or uninterpretable data

No text entered.

## ▶ More Information

☰ Hide More Information

### Certain Agreements:

Principal Investigators are **NOT** employed by the organization sponsoring the study.

There **IS** an agreement between Principal Investigators and the Sponsor (or its agents) that restricts the PI's rights to discuss or publish trial results after the trial is completed.

The agreement is:

- The only disclosure restriction on the PI is that the sponsor can review results communications prior to public release and can embargo communications regarding trial results for a period that is **less than or equal to 60 days**. The sponsor cannot require changes to the communication and cannot extend the embargo.
- The only disclosure restriction on the PI is that the sponsor can review results communications prior to public release and can embargo communications regarding trial results for a period that is **more than 60 days but less than or equal to 180 days**. The sponsor cannot require changes to the communication and cannot extend the embargo.

Other disclosure agreement that restricts the right of the PI to discuss or publish trial results after the trial is completed.

- Restriction Description:** Merck agreements may vary with individual investigators, but will not prohibit any investigator from publishing. Merck supports the publication of results from all centers of a multi-center trial but requests that reports based on single-site data not precede the primary publication of the entire clinical trial.

### Results Point of Contact:

Name/Title: Senior Vice President, Global Clinical Development

Organization: Merck Sharp & Dohme Corp

phone: 1-800-672-6372

e-mail: [ClinicalTrialsDisclosure@merck.com](mailto:ClinicalTrialsDisclosure@merck.com)

### Publications of Results:

MacIntyre CR, Egerton T, McCaughey M, Parrino J, Campbell BV, Su SC, Pagnoni MF, Stek JE, Xu J, Annunziato PW, Chan IS, Silber JL. Concomitant administration of zoster and pneumococcal vaccines in adults ≥60 years old. Hum Vaccin. 2010 Nov;6(11):894-902. Epub 2010 Nov 1.

Responsible Party: Merck Sharp & Dohme Corp.

ClinicalTrials.gov Identifier: [NCT00535730](#) [History of Changes](#)  
Other Study ID Numbers: V211-012  
2007\_592  
Study First Received: September 21, 2007  
Results First Received: January 21, 2009  
Last Updated: April 1, 2015  
Health Authority: Germany: Federal Institute for Drugs and Medical Devices

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