

ly have had shingles. I have heard that the recurrence rate is 3% to 5%, and the efficacy of the vaccine is only 50% to 65%. Though every article I have read states we *can* give the vaccine to these patients, *should* we?

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doi:10.3949/ccjm.76c.06003

**IN REPLY:** We thank Dr. Shaheen for his interesting comment. He has made an important point. The data on the use of shingles vaccine in patients with a history of zoster are insufficient. The main study of shingles vaccine<sup>1</sup> excluded patients who had already had shingles.

The US Centers for Disease Control and Prevention says: “Persons with a reported history of zoster *can* [emphasis added] be vaccinated. Repeated zoster has been confirmed in immunocompetent persons soon after a previous episode. Although the precise risk for and severity of zoster as a function of time following an earlier episode are unknown, some studies suggest it may be comparable to

the risk in persons without a history of zoster. Furthermore, no laboratory evaluations exist to test for the previous occurrence of zoster, and any reported diagnosis or history might be erroneous.”<sup>2</sup>

Until more data are available for this patient population, current evidence and availability of shingles vaccine should be discussed with patients who report a history of shingles.

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■ REFERENCES

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doi:10.3949/ccjm.76c.06004

CORRECTION

Pregabalin for fibromyalgia

(APRIL 2009)

In an article that appeared in the April issue of the *Cleveland Clinic Journal of Medicine* (Kim L, Lipton S, Deodhar A. Pregabalin for fibromyalgia: some relief but no cure. *Cleve Clin J Med* 2009; 76:255–261.), journal editors failed to list the participation of one of the authors

in a clinical trial of pregabalin (Lyrica) that was funded by the drug’s manufacturer. Dr. Atul Deodhar had disclosed his participation in the trial to an editor, and the failure to list it with the article at the time of publication was an oversight on the part of CCJM.