**Background**

- Allogeneic-HCT recipients have a 30-50% post-transplant incidence of VZV infection\(^1,2,3\)
- Prior to initiation of prolonged acyclovir (ACV) prophylaxis, 32% of herpes zoster (HZ) infections were classified as severe\(^4\)
- ACV prophylaxis for 12 months following allogeneic-HCT reduces HZ rates and improves mortality\(^5,6,7,8\)
- Incidence, risk factors, and outcomes of severe HZ infection have not been classified in the era of ACV prophylaxis
- Identification of patients at risk can help target additional prophylactic strategies such as VZV vaccination

**Methods**

- Retrospective, single center, cohort study
- Allogeneic-HCT recipients + ≥12 months of ACV prophylaxis
- Transplanted 10/2016-12/2015, followed through 12/2017 for HZ complications and mortality
- Case definition
  - HZ: classic dermatomal exam and/or microbiology testing.
  - **Severe HZ**: requiring hospitalization and/or IV antivirals
  - 23 of 2163 patients developed severe HZ (1.1%)