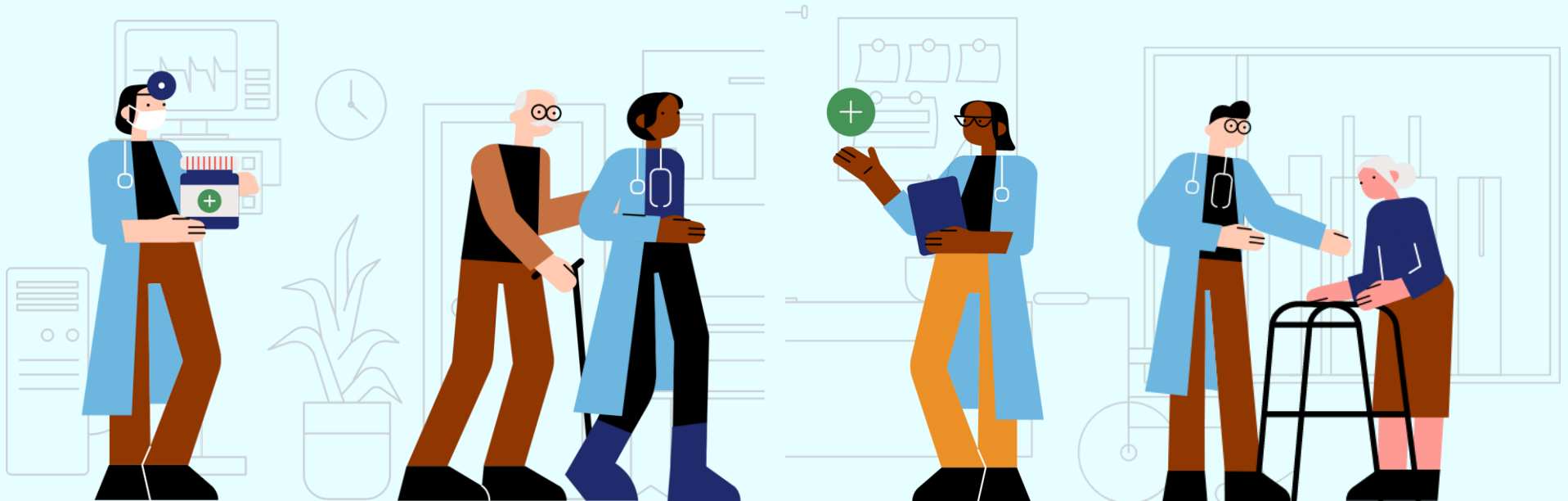


Shingles Vaccination Programme

GP toolkit for improving uptake





At a glance - Changes to the Shingles programme



From 1 September 2023

1. All newly eligible individuals will be offered 2 doses of the non-live shingles vaccine Shingrix® instead of Zostavax®.
2. Practices will be required to undertake call/recall for newly eligible immunocompetent, and catch-up call/recall for the newly eligible immunosuppressed patients.
3. Shingrix® and Zostavax® can be co-administered with all COVID-19, flu and PPV vaccines.

Shingles vaccines can be offered at any time during the year as patients become eligible and practices should also offer via a call and recall system

Patient Immunocompetent
(Normal immune response)

Patient Immunosuppressed

Patients turning 65 years of age in the year

Patients turning 70 years of age in the year

Patients aged 70 to 79

Patients aged from 50 years of age

2 doses of Shingrix vaccine (6 to 12 months between doses)

2 doses of Shingrix vaccine (6 to 12 months between doses)

Zostavax to be offered to anyone in this group who was eligible before 1 September 2023 until supply exhausted. Then if not previously vaccinated, 2 doses of Shingrix vaccine (6 to 12 months between doses)

2-doses of Shingrix vaccine (8 weeks to 6 months between doses)

4. The eligibility for the severely immunosuppressed and immunocompetent cohorts will be expanded over [a 10-year phased implementation timeline](#). Immunosuppressed patients from 50 years will become eligible with no upper age limits. However, for immunocompetent patients in the **first year of the programme**, those eligible are: **patients turning 65 years or turning 70 years between 1 September 2023 to 31 August 2024**. [Download the Shingles Eligibility Calculator here](#).



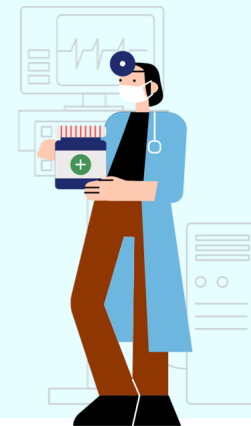
Aim of this toolkit

About 1 in 5 people who have had chickenpox develop shingles, predominantly those who are over 70. However, uptake rates of the shingles vaccine are falling in London and across England.

The purpose of this toolkit is to help you in your practice better protect your patients by suggesting ways to improve uptake of the shingles vaccine. These suggestions are based on best practice and evidence and have been shown to work with little or no cost to your practice.

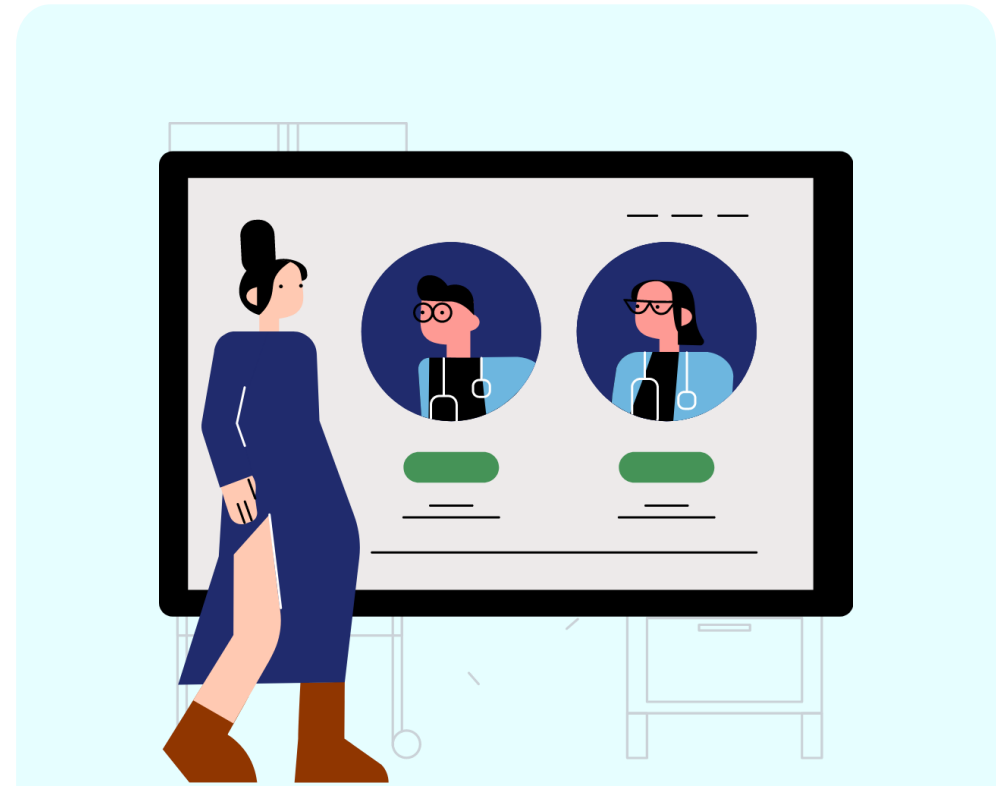
We are always looking for ways to further capture best practice, so if you have any suggestions you think we should include in future updates of this toolkit please email england.londonimms@nhs.net.

Further information can be found on the [London Region Immunisations webpage](#).



Content

Shingles	4 - 5
Shingles Vaccination Programme	6 - 9
Recording, coverage & coding	10 - 13
Identifying eligible patients	14 - 15
Co-administration	16 - 17
Vaccine supply & ordering stock	18
Inviting & informing patients	19 - 20
Payments	21
More tips & information	22
Resources	23
FAQs	24 - 28





Shingles



What is shingles?

Shingles is an infection of a nerve and the area of skin around it. It is caused by the herpes varicella-zoster virus, which also causes chickenpox. Following chickenpox infection, the virus can lie dormant in the nervous tissue but may reappear following reactivation as shingles. Reactivation of this latent VZV infection, generally occurring decades later, causes shingles. It is possible to have shingles more than once. Symptoms include: rashes or blisters on one side of the body, burning or shooting pain, itching, fever, fatigue or headache. On average, cases last 3 to 5 weeks.

There is no cure for shingles and typically painkilling medication is provided to relieve symptoms. Shingles can be very painful and tends to affect people more commonly as they get older, and the older you are, the worse it can be. For some, the pain caused by shingles can last for many years. The risk of shingles is also higher in those with conditions such as diabetes or rheumatoid arthritis.

Post-Herpetic Neuralgia

Almost 30% of individuals develop a painful complication called post-herpetic neuralgia (PHN), which occurs when the reactivated virus causes damage to nerve fibres. This is persistent pain at the site of the shingles infection that extends beyond the period of the rash. It usually lasts from 3 to 6 months but can persist for longer.

The resultant intractable pain can severely limit the ability to carry out daily activities, and PHN is therefore a debilitating condition that can significantly impair quality of life. PHN does not respond to painkillers such as paracetamol or ibuprofen, so is extremely difficult to treat and may result in hospitalisation. There is no cure.



Incidence



More than **50,000 cases** of shingles occur annually in the over 70s in England and Wales

Over **1,400 cases** are admitted to hospital

Around **14,000 cases** go on to develop postherpetic neuralgia (PHN)

Around **1 in 1,000 cases** result in death

- Both the incidence and the severity of the condition increases with age. Older individuals are also more likely to develop secondary complications, such as bacterial skin infections and PHN.
- The most effective method of preventing shingles is the shingles vaccination. Once your course is completed, you will not need any more shingles vaccines.
- The shingles vaccine has been used in England for ten years in September. In the first five years since a shingles vaccine was introduced in England, there were 45,000 fewer GP consultations and 1,840 fewer hospitalisations for shingles and PHN.



Shingles Vaccination Programme

The vaccine

By having the vaccination, patients will significantly reduce their chance of developing shingles. And, if they do go on to have shingles, the symptoms are likely to be milder and the illness shorter, than if they had not had the vaccination.

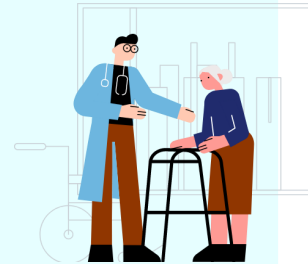
All eligible patients should be offered the shingles vaccination by their GP **all year round**. To increase uptake, from the 1 September 2023 practices will be required to have a **call/recall system** in place

Changes to the programme

In 2019 JCVI recommended the replacement of Zostavax® (1 dose, live vaccine) with Shingrix® (2 dose, non-live vaccine) and the expansion of the cohorts for the shingles vaccination programme. The dosing interval will differ for immunosuppressed and immunocompetent patients. Zostavax® is now out of production and stocks will be depleted. These changes are included in the [2023/24 GP Contract](#).

JCVI recognised that there may be more clinical benefit from starting Shingles vaccinations at a lower age, with modelling indicating that a greater number of cases would be prevented with vaccination at 60 years for immunocompetent and 50 years for immunosuppressed.

Here is the link to the [UKHSA webinar on the changes to the Shingles vaccination programme](#).





Changes to the NHS Shingles Vaccination Programme from 1 September 2023



On **1 September 2023**, there will be three main changes happening to the shingles vaccine programme in England:



All those **newly eligible** for the shingles vaccine will get two doses of Shingrix® (at least 8 weeks to 6 months apart for immunosuppressed and 6 months to 12 months for immunocompetent). Zostavax® will only be given to those that were previously eligible for the shingles vaccine until stocks deplete (via ImmForm), after which they should be offered Shingrix®.



Those that are **immunosuppressed** will be able to get the shingles vaccine from age 50 (50 years old on or after 1 September 2023) instead of age 70, with no upper age limit to getting the vaccine.



Those that are **immunocompetent** will be offered the Shingrix® vaccine from 60 years of age in a phased implementation over a 10-year period starting with those turning 65 and 70 years of age. There is an upper age limit of 79 years old for getting the vaccine. UKHSA have created a [timeline for the phased implementation of the change to eligible age for immunocompetent patients](#) over 10 years from 2023 – 2033 onwards.

To note: this information has been taken from the [GOV.UK Shingles immunisation programme: information for healthcare practitioners](#) on 17 July 2023 and should be referred to for the most up to date information.



Changes to the NHS Shingles Vaccination Programme from 1 September 2023



Current offer

Immunocompetent: Zostavax vaccine offered as a one dose schedule to those aged 70-79

Immunocompromised: Shingrix vaccine offered as a two dose schedule (8 weeks to 6 months apart) to those aged 70-79

Offer from 1 September 2023

Immunocompetent: Shingrix vaccine offered as a two dose schedule (6 to 12 months apart) to those turning 65 and 70 years from 1 September 2023 to 31 August 2028 (those aged 70-79 that were eligible before 1 September 2023 will still be eligible for Zostavax until stocks are depleted, after which they will be offered Shingrix)

Immunocompromised: Shingrix vaccine offered as a two dose schedule (8 weeks to 6 months apart) to those aged 50 and over (no upper age limit)

Scenario

If you are immunocompetent, from 1 September 2023, as you turn 65 or 70 you will become eligible to get the shingles vaccine from your birthday. You will not lose your eligibility and will be able to get the vaccine at any time up until you turn 80. If you turn 65 before 1 September 2023, you will have to wait until you turn 70 to become eligible for the shingles vaccine.

If you are immunocompromised, from 1 September 2023, if you are aged 50+ you will be able to get the shingles vaccine and there is no upper age limit to you coming forwards to get the vaccine.



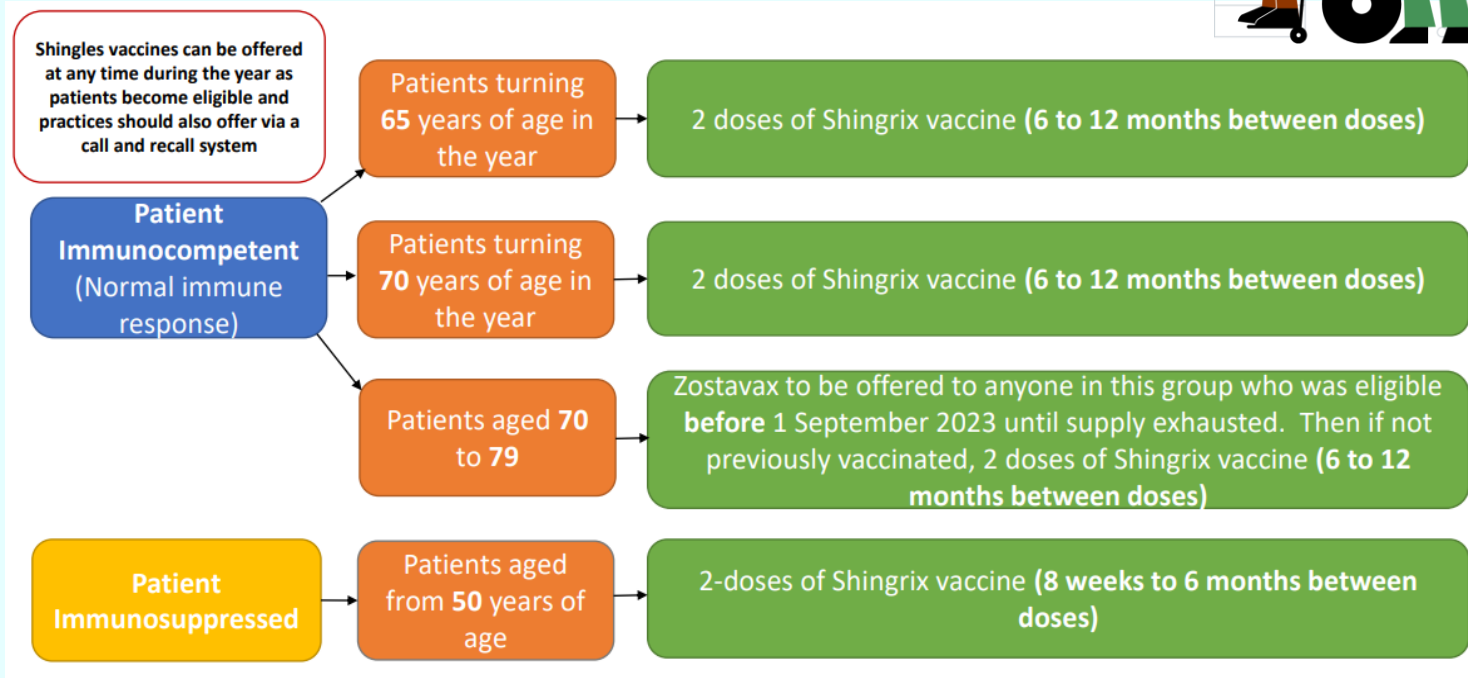
Shingles Vaccination Flowchart

From 1 September 2023 to 31 August 2024



Other information to note:

- Individuals who have received Zostavax® previously should not be revaccinated with Shingrix®.
- Shingrix® should continue to be offered year-round.
- The shingles GPES extraction has been updated to accommodate these changes and technical guidance will be issued to practices ahead of implementation.
- There are no changes to the shingles QOF indicator for 2023/24. [Click here to read more about payments.](#)



- Shingrix® and Zostavax® can be co-administered with all COVID-19, flu and PPV vaccines. [Click here to read more about co-administration.](#)
- [Click here to read the updated guidance and further resources.](#)



Recording, coverage & coding

Recording

Accurate and timely recording of all vaccines given, and good management of all associated documentation, is essential as per the standards set out in the GMS Regulations and Statement of Financial Entitlement (SFE). All reasonable steps should be taken to ensure that the medical records of patients receiving the shingles vaccination are kept up to date and in particular include any refusal.

There are 2 shingles surveillance systems in place: GP sentinel surveillance, and pain clinic surveillance. They monitor the effectiveness and impact of the vaccination campaign.

Practices or clinics interested in participating in either programme please contact shingles.kits@phe.gov.uk for further information.

GP consultation rates for shingles are included in the [GP in-hours syndromic surveillance system](#).





Recording, coverage & coding



Vaccine coverage data collection

From September 2023 data will be collected for both the immunosuppressed and immunocompetent cohorts. The existing Zostavax® vaccine coverage collection will continue for those aged 71 to 79 years of age as it is still offered to those age groups until stock depletes. Dose 1 and dose 2 coverage of the Shingrix® vaccination will also be collected.

GP practice-level shingles vaccine coverage will be based on data automatically uploaded via participating GP IT suppliers to the ImmForm website (a website used by UKHSA and NHS to collect data on vaccine coverage and provide vaccine ordering facilities for the NHS) on a monthly basis for the first 12 months, afterwards it will be a quarterly collection.

You should check your practice performance and uptake rates regularly, by logging onto [ImmForm](#). You can view past performance and uptake rates for the quarter. You will also see your denominator. Data is available for the routine and catch-up cohorts.



Recording, coverage & coding



Clinical SNOMED admin codes

The correct clinical SNOMED admin code should be used to record that a shingles vaccination has been given. The clinical codes are the same across both shingles' services i.e., routine and catch-up cohorts. The data will be validated and analysed by UKHSA to check data completeness, identify and query any anomalous results and describe epidemiological trends.

On the next slide are the correct Clinical SNOMED admin codes that should be used by GPs for recording the vaccination events to infer payment. The codes affect GP payments, therefore ensuring you have the correct coding is essential to receiving correct payment.



Recording, coverage & coding

Clinical SNOMED codes to record vaccinations administered

Zostavax® codes	
871898007	Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigen (procedure)
871899004	Administration of vaccine product containing only live attenuated Human alphaherpesvirus 3 antigen via subcutaneous route (procedure)
Shingrix® first dose	
1326101000000105	Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)
Shingrix® second dose	
132611000000107	Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)
Requires shingles vaccination	
1730561000000103	Requires vaccination against herpes zoster (finding)





Identifying eligible patients

Patients often are not aware they are eligible, and therefore it is important the practice focuses on identifying eligible patients.

[Download the Shingles Eligibility Calculator here.](#)

To note: this information has been taken from the [GOV.UK Shingles immunisation programme: information for healthcare practitioners](#) on 17 July 2023 and should be referred to for the most up to date information.

From 1 September 2023, the immunocompetent individuals who will become eligible for the Shingrix® vaccine from 60 years of age in a phased implementation over a 10-year period **starting with those turning 65 and 70 years of age**. The immunosuppressed cohort will be expanded to offer Shingrix® to individuals aged 50 years and over, with no upper age limit.

Zostavax® will be offered to individuals aged 70 to 79 that were eligible for the vaccination programme before 1 September 2023. Once all stocks of Zostavax® are exhausted, these individuals can be offered Shingrix® if they have not previously been given a shingles vaccine.



Practice call/recall for immunosuppressed individuals as they become eligible will be implemented from 1 September 2023. Additionally, catch-up call/recall for newly eligible immunosuppressed individuals aged 50 to 69 years will be implemented in the first year of the revised programme by General Practice – immunosuppressed individuals represent the highest priority for vaccination given their risk of severe disease.

There are a number of contra-indications for the shingles vaccination so you should refer to pages 8-9 in the [Green Book](#), to check whether a patient is suitable to receive this vaccination.

These [SNOMED codes](#) can also be used to assist with identifying patients who are in the immunosuppressed cohort for the Shingrix® vaccine.



Eligibility for Shingrix® vaccine on the routine immunisation programme from 1 September 2023



Eligible cohorts for Shingrix®	Age	Number of doses	Schedule: Two doses a minimum of 8 weeks apart
Individuals who are severely immunosuppressed (eligibility as defined in the Green Book Shingles chapter 28a)	From 50 years of age [see note 1].	2 doses	0 and 8 weeks to 6 months
Immunocompetent individuals who have not previously received shingles vaccine [see note 2]	All 70 to 79 years of age (already eligible) [see note 3]. Those turning 65 and 70 years of age from 1 September 2023 (and then turning 65 and 70 years of age from 1 September in subsequent years) [see note 4].	2 doses	0 and 8 weeks to 12 months

Notes

- Individuals who are severely immunosuppressed remain eligible with no upper age limit but should be offered a vaccine as soon as they become eligible by age. They should be offered the second dose of vaccine after 8 weeks to ensure they are protected as early as possible.
- See section on [Vaccination of individuals who received shingles vaccine at an early age \(outside the routine programme\)](#).
- Zostavax® (one dose) should continue to be offered to immunocompetent individuals aged 70 to 79 years of age until stock has run out to avoid vaccine wastage. See [Green Book Shingles chapter 28a](#) for details on underlying health conditions where Zostavax® is contraindicated or not suitable.
- Immunocompetent individuals remain eligible until their 80th birthday; the second dose should be completed before the 81st birthday. The second dose should be offered at 6 months to 12 months (local operational guidelines may differ).



Co-administration

Make Every Contact Count

Co-administering vaccines is useful to best protect patients and minimise unnecessary attendances in the surgery. Talk to your patients about shingles vaccination (and consider administering it) during other appointments, to save multiple attendances. If patients decline one vaccination, still encourage them to consider the shingles vaccination by explaining the benefits of this programme.

Both the [Shingrix® PGD](#) and [Zostavax® PGD](#) state that they can be co-administered alongside PPV23, COVID-19 and all flu vaccines. However, please regularly check both guidance for the most up to date information.

The table on the next slide summarises which vaccines can be co-administered with Shingles.





Co-administration



Shingles Vaccine	COVID-19 co-administration	Flu co-administration	PPV co-administration
Zostavax®	Zostavax® can be given at the same time as the COVID-19 vaccine	Zostavax® can be given at the same time as all influenza vaccines	Zostavax® can be given at the same time as 23-valent pneumococcal polysaccharide vaccine (PPV23)
Shingrix®	Shingrix® can be given at the same time as the COVID-19 vaccine	Shingrix® can be given can be given at the same time as all influenza vaccines	Shingrix® can be given at the same time as the 23-valent pneumococcal polysaccharide vaccine (PPV23)



Vaccine supply & ordering stock

Shingrix® will be available to order online via the [ImmForm website](#). See the [ImmForm help sheet](#) for information on registering for an ImmForm account. Healthcare practitioners should refer to this website and [Vaccine update](#) (the vaccination newsletter for healthcare practitioners) for up-to-date information on vaccine availability. As the programme is a year-round programme and not a seasonal programme, vaccines should be ordered regularly throughout the year.

Healthcare practitioners are reminded to only order what they need for a 2-to-4-week period rather than over-ordering or stockpiling vaccines. Vaccines should be ordered, stored and monitored as described in the [Green Book chapter 3 \(Storage, distribution and disposal of vaccines\)](#).

Ordering controls may be in place to enable the UK Health Security Agency (UKHSA) to balance incoming supply with demand. Details on ordering will be available on ImmForm and in Vaccine Update in due course. Please make sure that local stocks of vaccine are rotated in fridges so that wastage is minimised. It is recommended that practices hold no more than 2 weeks' worth of stock. Locally held stocks of Shingrix® ordered via ImmForm for the previous shingles immunosuppressed programme can be used for eligible cohorts in the expanded programme.

Zostavax® will remain available through ImmForm until central stocks deplete. Zostavax® can continue to be offered to those cohorts previously eligible for Zostavax® who are under 80 years of age, after which time they should receive Shingrix®.





Inviting & informing patients

Offer a call/recall service

The shingles vaccination should be offered on a call/recall basis. Ensure that all eligible patients are recalled inviting them to have the vaccination. Follow up any non-responders with letters and/or telephone calls/text messages.

To maximise safety and efficiency, it is worth pre-screening patients in the correct age band prior to recalling, to ensure patients are not inadvertently recalled that have contraindications to receiving the vaccination.

Phone your patients

General awareness of the vaccination and the seriousness of infection are poor. A personal telephone call is often all it takes to encourage a patient to book an immunisation appointment. The call should therefore be undertaken by someone who is well briefed on what the shingles vaccination can offer patients.

A [2005 Cochrane review](#) found that patient recall systems can improve vaccination rates by up to 20%: telephone calls were the most effective method, but practices should be aware of cost implications.

Pre-assessment telephone calls

Once a patient is booked in for an appointment, it can be useful to do a pre-assessment telephone call as this is a good opportunity to complete all the pre-vaccination checks – reviewing them for any contraindications and ensuring they do not currently have symptoms of viral illness.

Having a pre-assessment telephone call can also make it easier to co-administer vaccinations, as both staff and patient are aware of what they need to receive and the time it will take to administer both vaccines before they arrive, so can plan accordingly.

Text or write to patients

Sending a shingles birthday card or letter may help encourage patients to attend. Letters should be personal and from the named GP.

Send an [NHS information leaflet](#) alongside the invitation letter, to ensure that patients are given sufficient information to reach an informed decision about shingles vaccination.

Sending text or email reminders is a cheap and easy method of improving appointment attendance. For patients who do not have mobile phones or email, letters and telephone calls should be used.



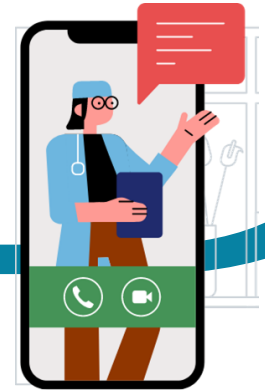


Inviting & informing patients

Publicise shingles in your surgery and online

A range of public-facing resources are available free to download or order from [Health Publications](#). Some examples of easy publicity approaches include:

- display bunting, leaflets, and posters around the surgery and in clinic rooms
 - [Shingles Eligibility poster](#)
- add messages to the waiting room TV screen
- advertise on the practice website with:
 - a [shingles banner](#) which is available to download for free
 - feature a link to the [ShinglesAware website](#) with information about shingles
- add a message to the prescription counterfoils
- publicise in patient newsletters
- download the [banners to use on your digital displays](#)



£ Payments



Essential service

The Shingles programme is an essential service and practices are required to actively call and recall patients for their vaccination and sign up to CQRS. There is an item of service payment of £10.06 per dose given to eligible patients.

Payment claims

The General Practice Extraction Service (GPES) and the Calculating Quality Reporting Service (CQRS) have been updated to reflect the changes to the shingles programme and technical guidance will be issued to practices ahead of implementation. All payment details are included in the [Statement of Financial Entitlements](#) and NHSE no longer issue service specifications. Claims for payments for this programme should be made monthly. Manual claims should be within 12 days of the end of the month when the completing dose was administered.

Where there is an automated data collection, there is a 5-day period following the month end to allow practices to record the previous month's activity on their clinical system, before the collection occurs. Activity recorded after the collection period is closed (5 days) will not be collected and recorded on CQRS. Practices must ensure all activity is recorded by the cut-off date to ensure payment. Payment will be made by the last day of the month following the month in which the practice validates, and commissioners approve the payment.

Payments will commence provided that the GP practice has checked and declared automatic extraction. Practices should not declare incorrect extractions and must raise a query with the team to have their item amended. The team can be contacted at england.londonimms@nhs.net.

There is a strict 6-month time limit to declare claims or raise queries. All the requirements that must be met for payment can be found in the [GP contract](#). As the vaccine is centrally supplied, no claim for reimbursement of vaccine costs or personal administration fee applies.



More tips and information

Who can administer the vaccine

In addition to GPs and nurses, healthcare assistants can administer the shingles vaccine if they are appropriately trained, meet the required competencies, and have adequate supervision and support.

- [Immunisation training standards for healthcare practitioners](#)
- [Immunisation training of healthcare support workers: national minimum standards and core curriculum](#)

Practices should ensure the correct dosage is administered as directed in [The Green Book, Chapter 28a](#).

Searches, alerts and pop ups

Add shingles alerts and pop-ups onto your clinical system. Work with your system supplier to set up an all-inclusive search for patients who are eligible who have not already received their shingles vaccination. Filter any patients out that are contra-indicated for the shingles vaccination.

Set up your clinical system to identify all eligible patients and generate pop-up alerts on their patient record, so that staff are reminded to offer the vaccination opportunistically each time the patient's record is opened. Ensure that clinicians are trained to monitor these alerts so that no patients are missed. If your system is not able to do this, notifications can be set up manually.

Accurate and complete patient data is needed, including identifying 'ghosts' – patients who have transferred out of the area or died, but are still sent invitations for vaccinations.

Care homes and housebound patients

Ensure that you run immunisation clinics at any nursing homes that your practice serves. Not only will this ensure that these patients are offered their shingles vaccination, but it also provides an easy opportunity to administer the vaccine to a large number of eligible patients and can occur when administering other vaccines, such as COVID-19, flu and PPV23.

Make sure your housebound patients are offered the vaccine too, with or without their annual flu vaccination.

District nurses are also able to administer the shingles vaccine.





Resources

Public facing resources

- All patient-facing resources and the health professional posters can be ordered free of charge from [Health Publications](#). All users need to register to receive deliveries. If you register as a health professional, you can order 500 to 1000 copies on the website. For larger quantities, please call 0300 123 1002 or email HealthPublicationsCST@theapsgroup.com.
 - [Shingles full programme poster](#)
 - [Shingles quick guide poster](#)
 - [Shingles leaflet](#)
 - [Shingles poster for patients](#)
 - [Shingles record card](#)
 - [Shingles stickers](#)
 - [Shingles postcard](#) and [invitation postcard](#)
 - [Shingles web and social media banners](#)
- [Shingles vaccination guide](#) includes information on shingles and the benefits of vaccination for adults and a postcard to invite eligible patients.
- [UK complete immunisation schedule](#)
- [Zostavax® Patient information leaflet](#)
- [Shingrix® Patient Information leaflet](#)

Updated guidance

- The [Green book chapter 28a](#). There will be 2 Green Book Shingles chapters listed prior to 1 September 2023:
 - The current chapter that includes information about Zostavax®.
 - The updated chapter for use from 1 September 2023 onwards.
 - The original chapter will be removed once supply of Zostavax® is no longer available through ImmForm.
- [Shingles vaccination programme webpage](#) has been updated.
- Healthcare practitioner information and guidance to support the Shingrix® programme including e-learning and a training slide set can be found on the [Shingles vaccination guidance for healthcare practitioners webpage](#).
- The [Shingrix®](#) and [Zostavax®](#) PGDs have been updated.
- The [FutureNHS Shingles Vaccination workspace](#) contains a wide range of resources for all healthcare professionals.
- Guidance on the [Shingrix® vaccine for people with weakened immune systems](#).
- Download the [Shingles Eligibility Calculator](#).

Training resources

- The [shingles vaccination checklist](#) has been designed to help immunisation practitioners plan their shingles immunisation programme.
- Consider running a training and information session for colleagues using the [training slide set for healthcare professionals](#).
- Vaccine update - this is a monthly vaccination newsletter for health professionals and immunisation practitioners that describes the latest developments in vaccines, vaccination policies and procedures. There is a special edition about the changes to the shingles vaccination programme: [Vaccine update: issue 340, July 2023, shingles special edition](#), published 11 July 2023. [Sign-up](#) to receive the newsletter by email.
- [UKHSA webinar on the changes to the Shingles vaccination programme](#).





Why is the programme moving to a different vaccine?

Zostavax® is the live vaccine that is currently given to those who do not have a weakened immune system on a one dose schedule. Shingrix® has shown to be highly clinically effective and provides a longer duration of protection against shingles, therefore the JCVI recommended that Zostavax® be discontinued in the UK from 1 September 2023 and replaced with the Shingrix® vaccine on a two-dose schedule.

Shingrix® has been used by the NHS as the shingles vaccine for those with a weakened immune system since 1 September 2021. The vaccine has been used extensively in several countries including the United States of America and Canada.

To prevent vaccine wastage, Zostavax®, which is still an effective vaccine at preventing shingles, will continue to be used for those aged 70-79 that were eligible for the vaccine before 1 September 2023.

Why are the doses different for the different shingles vaccines?

Zostavax® is a live vaccine. Live vaccines elicit a strong immune response and so only one dose of the vaccine is required. However, live vaccines are not suitable for those with a weakened immune system due to risk of them causing an infection.


Shingrix® is not a live vaccine, it is an inactivated vaccine. Two doses of the vaccine are required to ensure long term effectiveness of the vaccine. These need to be given 6 months to 12 months apart (Green Book chapter references 2-12 months apart but caveats that operationally it is 6-12 months in England) or 8 weeks to 6 months apart for those with a weakened immune system.

Why is the eligibility for the vaccine changing and why is it so complicated?

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that those that can get the shingles vaccine should change to allow individuals to be protected at an earlier age, particularly those that have a weakened immune system.

Based on the evidence, they recognised that there may be more clinical benefit from starting shingles vaccinations at a lower age, with modelling indicating that a greater number of cases of shingles would be prevented with vaccination at 60 years for immunocompetent individuals and 50 years for immunosuppressed individuals.

The Committee advised that the programme should be implemented in stages, starting with those that are 50+ with a weakened immune system and those turning 65 and 70 then eventually moving down to those turning 60. This is a similar pattern to the roll out of the shingles vaccine from 2013.



This is why the vaccine offer is being expanded to all those turning 65 and 70 and all those 50+ with a weakened immune system from 1 September 2023. The programme will then run from 1 September 2023 to 31 August 2028, offering the vaccine to people as they turn 65 and 70 until the offer has been made to all those aged 65 to 70. It will then expand to offering the vaccine to all those that are turning 60 and 65 from 1 September 2028.

Why is there no upper age limit to getting the vaccine for those that have a weakened immune system if the vaccine is known to not be as effective past 80?

For those that do not have a weakened immune system, you can only get the shingles vaccine up until your 80th birthday as there are some studies that show the vaccine becomes less effective post 80.

This is not the case for those that have a weakened immune system. There is no upper age limit to getting the shingles vaccine because before 1 September 2021, only Zostavax® was used which is a live vaccine that is not suitable for those with a weakened immune system. This means that those with a weakened immune system have not been able to protect themselves against shingles until now. There is no upper age limit to give those with a weakened immune system a chance to catch up and protect themselves.

Can a patient have the shingles vaccine if they have already had shingles?

If a patient has already had shingles, they can still have the shingles vaccine. The shingles vaccine works very well in people who have had shingles before, and it will boost their immunity against further shingles attacks. There is no specific time that patients should wait after having shingles before having the shingles vaccine. However, it is generally recommended that you should wait until the rash has completely resolved





If a patient has not had chickenpox before, should they still receive the shingles vaccine?

Yes. The chances are that they have had chickenpox at some point without knowing it. Some people have chickenpox without displaying any of the typical chickenpox symptoms, such as a rash.

Does getting the shingles vaccine give patients full protection against shingles?

Getting the shingles vaccine does not guarantee you will not get shingles, but it will significantly reduce your chances. If you do get shingles, the vaccine is likely to make the symptoms milder and the illness shorter. You'll also be less likely to get shingles complications, such as post-herpetic neuralgia. Once your course is completed, you will not need any more shingles vaccines.

If a patient has missed their shingles vaccine, how can they catch up?

If they have missed the shingles vaccine, they can still have it up to their 80th birthday, or if they have a weakened immune system, they can have it at any age over 50. It's important they do not leave it too late to have the vaccination.



Will patients need a booster dose?

There is currently no booster dose for shingles in the NHS vaccination schedule – once a patient finishes their vaccine course of either Shingrix® or Zostavax® they are considered to be protected against shingles.

UKHSA will continue to monitor the effectiveness of the vaccines both in the UK and internationally to assess if any booster doses become necessary.

What are the potential side effects of the shingles vaccine?

Side effects are usually quite mild and don't last very long. The most common side effects, which occur in at least 1 in every 10 people, are headache, and redness, pain, swelling, itching, warmth, and bruising at the site of the injection. If the side effects persist for more than a few days patients should discuss this with their GP or practice nurse.

How can I check if a patient is classified as having a weakened immune system?

You can check the [Shingles Green Book chapter](#) for the full list of those that are considered to have a weakened immune system and can therefore have two doses of the Shingrix® vaccine once they are aged 50+ from 1 September 2023.

If patients do not fall into one of these categories, then they should wait until they turn 65 or 70 to be offered the vaccine, in line with the routine programme.



**For further information please contact NHSE London Immunisation
Commissioning Team at:**

england.londonimms@nhs.net