

From the Chief Medical Officer
Professor Sir Michael McBride



HSS(MD) 62/2021

For Action:

Chief Executives, Public Health Agency/Health and Social
Care Board/HSC Trusts/NIAS
GP Medical Advisers, Health and Social Care Board
All General Practitioners and GP Locums (for onward
distribution to practice staff)
OOHs Medical Managers (for onward distribution to staff)

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Dear Colleague

**SHINGLES VACCINATION PROGRAMME – ELIGIBILITY CRITERIA FOR 2021/22
AND INTRODUCTION OF SHINGRIX® FOR IMMUNOCOMPROMISED**

ACTION REQUIRED

Chief Executives must ensure that this information is drawn to the attention of all staff involved in elderly care and vaccination programmes, to enable them to respond accordingly.

The HSCB must ensure that this information is cascaded to all General Practitioners immediately.

Important Points to Note

- From 1 September 2021, GPs should offer the non-live shingles vaccine Shingrix® to all those who are eligible for shingles vaccination but are clinically contraindicated to receive the live vaccine Zostavax® due to their immunocompromised status. This is based on the recommendation made by the Joint Committee on Vaccination and Immunisation (JCVI). Shingrix® must be ordered from Trusts as per the standard process for ordering childhood vaccines, rather than ordering directly from the wholesaler as is the process for Zostavax®.
- In line with the current requirements of the shingles programme, the vaccine will be offered via a proactive call to those becoming eligible at 70 years old and will opportunistically or if requested for those aged over 70 until the age of 80.

- The introduction of this inactivated shingles vaccine follows the recommendation made by the JCVI that Shingrix® should be offered to all immunocompromised people for whom Zostavax® is contraindicated but who are eligible for vaccination under the current programme, so that they can gain a similar level of protection to those who are not immunocompromised.
- The Committee noted that vaccination in this group was particularly important, due to the higher incidence of herpes zoster. This advice was consistent with the [original recommendation for vaccination](#) of all adults aged 70 to 79 years with herpes zoster vaccine. There is now sufficient supply of the Shingrix® vaccine to be able to implement the JCVI recommendation.
- There are plans in future years to phase the Shingrix® vaccine in to replace Zostavax® and to lower the eligible age towards 60. A Shingrix® programme board is ongoing to determine how and when this may be done. However for 2021/22 Shingrix and Zostavax will both be used in the programme.
- The section on contraindications for Zostavax® in the [Shingles \(herpes zoster\) Green Book chapter](#) is being updated following a review by an Expert Working Group and will be published before the vaccine is introduced in September.

Introduction

1. The 2021/22 vaccination programme continues until 31 August 2022 and we would urge GPs, while being mindful of the ongoing pandemic, to continue to ensure patients who meet the eligibility criteria for the 2021/22 programme, irrespective of their age now are offered the vaccine, particularly those who will become ineligible due to being aged 80 or older on 1 September 2021.

Details of programme during 2021/22

2. GPs should continue to offer Zostavax® to eligible patients who are not contraindicated and are **70 years of age** on the 1 September 2021 (those born between 02/09/1950 to 01/09/1951).
3. The Shingrix® vaccine should be offered to all those **aged 70-79** who are eligible for shingles vaccination but are clinically contraindicated to receive the live vaccine Zostavax® due to their immunocompromised status.
4. Shingrix® requires a 2 dose schedule, with the second dose administered from 2 months following the first dose.
5. It is important that Shingrix® is given only to those who are clinically contraindicated for Zostavax® due to their immunocompromised status in order to have sufficient supply for those who need to receive it
6. It should be emphasised that whilst, for ease of administration, the majority of Zostavax® has previously been given to eligible patients at the same time as their flu vaccine, the programme runs from 1 September 2021 until

31 August 2022 and **Zostavax® can and should be given separately, if required, throughout this period** to those who did not receive it during the flu season period for whatever reason. Practices should consider the practicalities of possible co-administration of COVID-19 and influenza vaccines when deciding to provide **Zostavax®** at the same time or separately. **A 7 day period between COVID-19 and the shingles vaccine is necessary.**

7. Shingles vaccines can often be given at the same time as the seasonal influenza vaccine – for advice on co-administration of various vaccines with a shingles vaccine please refer to the appropriate section of [the Green Book Chapter 28a](#).
8. Regardless of the vaccine type, any individual who reaches their 80th birthday is no longer eligible for a shingles vaccination. This is because the vaccine is less effective in people aged 80 years of age or more. This reflects the [2010 recommendation made by JCVI](#).
9. However, where an individual has turned 80 years of age following their first dose of Shingrix®, a second dose should be provided to complete the 2-dose schedule.
10. The Shingles vaccine is expensive and **GPs should note** some shingles Zostavax® stock has an expiry date of **30 November 2021, 31 December 2021 and 30 January 2022. GPs should only order sufficient vaccine to meet their weekly need.** Effective management of vaccines throughout the supply chain is essential to reduce vaccine wastage. Local protocols should be in place to reduce vaccine wastage to a minimum. Even small percentage reductions in vaccine wastage will have a major impact on the financing of vaccine supplies.
11. If you submit a combined order for flu and shingles vaccines you will receive both vaccines in a single delivery from 1 September onwards. **Please place a single order if you require shingles vaccines outside the flu vaccine programme months.**
12. Shingrix® must be ordered from Trusts as per the standard process for ordering childhood vaccines, rather than ordering directly from the wholesaler as is the process for Zostavax®.
13. GPs should ensure that they will have the fridge capacity to store the vaccine required. Details of how to order the shingles vaccine online during 2021/22 will be issued with the seasonal flu HSS letter which is due to be issued shortly.

Dosage

14. Adults should receive a single **0.65ml** dose of Zostavax®

15. Adults should receive two doses of **0.5ml** of Shingrix® a minimum of 2 months apart.
16. Immunisation with Zostavax® and Shingrix® should ideally be delayed for seven days after COVID-19 vaccination and vice versa. Neither vaccine has been tested for routine co-administration; there is potential for the side effects of Shingrix® to be confused with those of COVID-19 vaccines, and there may be a reduced response to Zostavax®.
17. Where individuals attend requiring vaccination with both COVID-19 and shingles, however, and require rapid protection or are considered likely to be lost to follow up, co-administration may still be considered. The [Shingles \(herpes zoster\) Green Book chapter](#) is currently being updated healthcare professionals should familiarise themselves with the latest guidance before beginning the vaccination programme.
18. Shingrix® should not be administered to an individual with a confirmed anaphylactic reaction to any component of the vaccine.

Funding and service arrangements

19. A payment of £7.64 will be made in respect of each registered patient of the contractor who has received the Shingles Vaccine during the period 1 September 2021 to 31 August 2022.

Conclusion

20. Shingles is a significant cause of morbidity in older people. We appreciate the workload within GP Practices particularly with the ongoing Covid-19 pandemic, but we hope colleagues will recognise the significant benefits the vaccine will bring to their patients.
- 20 We would like to take this opportunity to thank all involved in delivering the programme in 2020/21 and for their continuing hard work. Recent events have now shown with the Covid-19 pandemic that it is vital that we do all we can to prevent patients becoming ill.

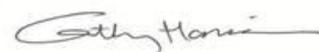
Yours sincerely



Prof Sir Michael McBride
Chief Medical Officer



Prof Charlotte McArdle
Chief Nursing Officer



Cathy Harrison
Chief Pharmaceutical Officer

