

WELSH HEALTH CIRCULAR



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**TITLE: CHANGE OF VACCINE AND COHORT EXPANSION FOR SHINGLES
VACCINATION PROGRAMME (FROM SEPTEMBER 2023)**

Date of Expiry / Review: N/A

For Action by:

Immunisation Leads/Coordinators,
Health Boards/Trusts
Vaccination Operational Leads, Health
Boards/Trusts
Directors of Primary Care, Health
Boards/Trusts
Chief Pharmacists, Health
Boards/Trusts
Directors of Public Health, Health
Boards/Trusts
Directors of Workforce and
Organisational Development, Health
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Executive Director of Public Health,
Public Health Wales
Head of Vaccine Preventable Disease
Programme, Public Health Wales
Director of Planning, Vaccination
Programme Wales
General practitioners
General Practitioners Council Wales
Digital Health and Care Wales

For information to:

Chief Executives, Health Boards/Trusts
Medical Directors, Health Boards/Trusts
Nurse Executive Directors, Health
Boards/Trusts
Nurse Director, Public Health Wales
Older People's Commissioner for Wales
Finance Directors Health Boards/Trusts
Health Education Improvement Wales

Sender: Sir Frank Atherton, Chief Medical Officer / Medical Director NHS Wales

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Enclosure(s): Annex A & B

Dear Colleagues

This letter provides information about forthcoming changes to the NHS Wales shingles vaccination programme.

While implementing the changes described in this circular, NHS organisations will also be implementing the ambitions outlined in the National Immunisation Framework (NIF) for Wales. The principles described in the NIF should be applied to arrangements put in place to roll out the changes to the shingles programme wherever possible, including vaccine equity and publicly available information materials. Organisations should look ahead to improvements that will flow from implementation of the NIF over the coming years when designing their programmes.

From 1 September 2023, the cohorts eligible for vaccination against shingles will be expanded, so individuals can be protected from an earlier age. These changes are based on advice from the Joint Committee on Vaccination and Immunisation (JCVI)¹.

All newly eligible individuals will be offered two doses of the inactivated shingles vaccine Shingrix[®] instead of one dose of Zostavax[®].

Although shingles can occur at any age, the risk and severity of shingles and its complications increases with age, especially in individuals who are immunocompromised. It is important to ensure that those at greatest risk are vaccinated and this is the basis for the JCVI advice.

This letter is aimed at health professionals who are responsible for commissioning, managing and delivering the NHS Wales shingles vaccination programme. I ask that you share this guidance with all those involved in the programme in your area.

Key points about the changes to the programme:

Changes to eligibility:

Immunocompromised cohort:

- From 1 September 2023, the eligibility will expand to all immunocompromised individuals, as defined by Greenbook chapter 28a, aged 50 years and over

¹ Minutes of 06 February 2019 JCVI main meeting:
<https://app.box.com/s/iddfb4ppwkmjtjusir2tc/file/424913874479>

(with no upper age limit), including those anticipating immunosuppressive therapy

- immunocompromised individuals who have already received 2 doses of Shingrix® do not need re-vaccination
- immunocompromised individuals represent the highest priority for vaccination with Shingrix®, given their risk of severe disease, and therefore **the programme aims to catch up all immunocompromised individuals aged 50 years and over in the first year of the changeover.**
- the second dose should be given 8 weeks to 6 months after the first dose for this cohort.

Immunocompetent cohort:

- the eligible age for immunocompetent individuals will change from 70 to 60 years of age, in a phased implementation over a 10-year period
- the second dose should be given 6 to 12 months after the first dose for this cohort.
- the routine offer will move to from 60 years of age after the phased implementation is completed. Further detail is provided in Annex A

For both the immunocompromised and immunocompetent cohorts, an effective call/recall system must be in place which should continue after the initial implementation stage. There is an expectation that eligible individuals receive an invitation to be vaccinated, with reminders for those who do not decline but fail to respond to the initial invitation. Further information is available in Annex A.

Implications of change in vaccine:

- Shingrix® will replace Zostavax® for newly eligible individuals for the entire shingles programme
- Shingrix® will require a 2-dose schedule for all cohorts. The dosing interval will differ for immunocompromised and immunocompetent patients as highlighted above
- Shingrix® should be offered to all people reaching eligible age on or after 1 September 2023. Those cohorts previously eligible for Zostavax® prior to 1 September 2023 who are under 80 years of age, should continue to be offered Zostavax® (unless contraindicated) until central stocks deplete (via ImmForm), when they should be offered Shingrix®
- Individuals who have received Zostavax® previously aren't eligible to be re-vaccinated with Shingrix®
- Shingrix® can be administered alongside most other vaccines and the Shingles Green Book chapter 28a will be updated to reflect the current information prior to changeover

In 2018, it was agreed that patients could be immunised with shingles vaccine as soon as they reach eligible age, regardless of the time of year. Shingles vaccination should continue to be offered year-round and this approach should help increase uptake, support a focus on vaccination equity and reduce potential seasonal pressures.

Information provided in the annexes of this letter:

[Annex A](#) - detailed information and guidance for healthcare professionals

[Annex B](#) - vaccine coverage data collection

In line with other vaccination programmes, health boards are responsible for commissioning vaccination services and will need to assure themselves on the delivery and uptake of their programme. Arrangements have been put in place to enable health boards to commission General Practices to deliver programmes locally. Health boards will wish to reflect the expectations outlined in this circular in their commissioning arrangements.

NHS oversight and assurance of vaccination programme planning, and delivery is through Vaccination Programme Wales. The Vaccination Programme Wales Team will work with health boards and Trusts on the changes outlined in this circular, whilst Public Health Wales will continue to provide the specialist expert vaccination advice and surveillance.

The annual shingles vaccine coverage data for the 8th year of the programme in Wales shows that uptake in newly eligible 70-year-olds is low, but cumulative vaccine coverage increases as the number of years since their 70th birthday increases. The latest data suggests signs of recovery in 2021-2022, after the programme was impacted by the COVID-19 pandemic in the year prior².

A report assessing the impact of shingles vaccination in the 5 years after the introduction of the programme in England showed large reductions in both GP consultations and hospitalisations for herpes zoster and post-herpetic neuralgia³. This reinforces the need for an effective shingles programme with high population coverage.

Implementation of these changes to the shingles vaccination programme provide us with an opportunity to focus on the levels of understanding and engagement of citizens in the programme, enabling us to boost uptake levels and minimise vaccination inequity.


² [Herpes zoster \(shingles\) immunisation programme uptake reports](#) – Public Health Wales

³ [Impact of the herpes zoster vaccination programme on hospitalised and general practice consulted herpes zoster in the 5 years after its introduction in England: a population-based study - PubMed \(nih.gov\)](#)

The ambition for uptake for the first year of the implementation programme is for at least 60% of those turning 65 and 70 to receive a complete course of vaccination. We also expect health boards to produce equality impact assessments of their implementation plans. These should be shared with Vaccination Programme Wales, who will report to Welsh Government. This process is to inform a focus on reducing equity gaps in vaccination during the course of the implementation of the changes described in this circular. More details are available in Annex A.

I would like to take this opportunity to thank everyone involved in the national shingles vaccination programme in Wales. The changes outlined in this letter provide us with an opportunity to engage the public on the importance of shingles vaccination, boost uptake of vaccination and increase the protection of our communities. I am grateful to you for the part you'll play in that.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Frank Atherton', written in a cursive style.

Sir Frank Atherton
Chief Medical Officer / Medical Director NHS Wales

Annex A - Detailed information and guidance for healthcare professionals

The advice of the Joint Committee on Vaccination and Immunisation (JCVI)

1. In February 2019, based on impact and cost effectiveness modelling, the JCVI advised that the national shingles immunisation programme be changed such that the Shingrix® vaccine is offered to immunocompetent individuals routinely at 60 years of age, and to immunocompromised individuals aged 50 years old and over⁴.
2. JCVI further advised that moving to a routine offer at age 60 should be implemented in two phases, starting with vaccination of those turning 65 and 70 years old for 5 years, then moving to vaccination of those turning 60 and 65 years old for 5 years, following which time vaccination could then be routinely offered to those turning 60 years old. The advice was based on the high efficacy, safety, and immunogenicity of Shingrix® observed in clinical trials. Evidence suggests that Shingrix® provides a substantially longer duration of protection from shingles than Zostavax®.
3. JCVI also agreed that it would be important to have good quality messaging, that vaccination be offered year-round, and that call/recall be undertaken, particularly as the programme would offer 2 doses of vaccine.

Timing and eligibility

4. The changes to the programme should be implemented from 1 September 2023 including the change to eligibility and using Shingrix® to vaccinate all newly eligible cohorts.
5. For the **immunocompromised cohort** the:
 - earliest eligible age will move down to 50 years and from 1 September, the eligible cohort will include all those aged 50 years and over (that is, for the immunocompromised cohort there is no upper age limit)
 - second dose should be given eight weeks to 6 months after the first dose.
 - rollout to all immunocompromised individuals aged 50 years and over should be completed by September 2024

⁴ Minutes of 06 February 2019 JCVI main meeting:
<https://app.box.com/s/iddfb4ppwkmjtjusir2tc/file/424913874479>

6. For the **immunocompetent cohort**:

- during **phase one** (1 September 2023 to 31 August 2028), Shingrix® will be offered to individuals as they turn 65 and 70 years, and (once all stocks of Zostavax® are exhausted) persons between 71 and those not yet turning 80 years who have not been given a shingles vaccine
- during **phase two** (1 September 2028 to 31 August 2033), Shingrix® will be offered to individuals as they turn 60 and 65 years
- from 1 September 2033, Shingrix® will be offered routinely when individuals turn 60 years. Those who have been previously eligible will remain eligible until their 80th birthday
- the second dose should be given 6 to 12 months after the first dose

Implementation phases	Delivery period	Eligible for first dose
Phase One (5 year duration)	1 Sept 2023 to 31 Aug 2028	Those who reach age 65 or 70 years during this period should be called in on/after their 65 th or 70 th birthday*
Phase Two (5 year duration)	1 Sept 2028 to 31 Aug 2033	Those who reach age 60 or 65 years during this period should be called in on/after their 60 th or 65 th birthday*
Ongoing routine offer	1 Sept 2033 onwards	Those turning 60 years of age should be called in on/after their 60 th birthday*

*those that became eligible and missed out remain eligible until their 80th birthday.

7. Individuals who were eligible for Zostavax® prior to 1 September 2023 should continue to receive Zostavax (unless contraindicated) until central stocks deplete (via ImmForm), after which time they should receive Shingrix®. The 80th birthday upper age cut off remains in place for the immunocompetent cohort regardless of vaccine offered.
8. Immunocompetent individuals remain eligible until their 80th birthday (as is currently the case). However, where an individual has turned 80 years of age following their first dose of Shingrix®, a second dose should be provided before the individual's 81st birthday to complete the course.

Vaccine supply

9. Shingrix® will be available to order online via the [ImmForm website](#) in line with the current ordering process. Ordering controls may be in place to enable UKHSA to balance incoming supply with demand. Locally held stocks of Shingrix® ordered via ImmForm for the previous shingles immunocompromised programme can be used for eligible cohorts in the expanded programme.

10. As with all routine programmes, any wasted stock should be recorded via ImmForm detailing the reason for waste. The Vaccination Programme Wales team will review this data on a regular basis and may request further information based on these reports, or usage in general. Negligent management of vaccine supply has the potential to cause inequity and a detrimental impact on the costs of the programme.

Funding and service arrangements

11. From 1 September 2023, the shingles vaccination programme will be expanded and eventually move to a two-dose Shingrix® schedule for all eligible individuals, as set out in this letter.

12. In line with other vaccination programmes, health boards are responsible for commissioning vaccination services and will need to assure themselves on the delivery and uptake of their programme. Arrangements have been put in place to enable health boards to commission General Practices to deliver programmes locally. Health boards will wish to reflect the expectations outlined in this circular in their commissioning arrangements.

13. In deploying vaccination to all newly eligible groups, an effective call/recall system must be in place, which should continue after the initial stages of the roll-out. There is an expectation that eligible individuals will receive an invitation to be vaccinated, with reminders for those who do not decline but fail to respond to the initial invitation. This expectation should be clear in commissioning arrangements.

14. When implementing call/recall, it is a requirement to make up to three attempts to contact eligible individuals within 12 weeks of reaching their invitation age. This is applicable for immunocompetent and immunocompromised individuals at all stages of the programme. These can be calls, emails, text messages or written invitations, however at least one must be a written invitation.

15. **The rollout to immunocompromised individuals who are aged over 50 years old should take place in the first year from 1 September 2023 and concluded by 1 September 2024.** After this time immunocompromised individuals who turn 50 years old should be offered vaccination within 12 weeks of reaching their invitation age. Newly diagnosed unvaccinated immunocompromised individuals already over 50 years old should be vaccinated within 12 weeks of immunocompromised diagnosis.
16. Where General Practice is commissioned by health boards, for both the immunocompetent and immunocompromised cohorts, practices will receive a payment of £10.03 per dose administered. Accurate recording of all vaccines given and good management of all associated documentation, is essential as per the standards set out in the National Health Service (General Medical Services Contracts) (Wales) Regulations and the Directions to Local Health Boards as to the Statement of Financial Entitlements 2013 (SFE) as amended.
17. The amended SFE will clarify the updated eligibility range for health boards to authorise reimbursement for shingles vaccination, in order that vaccinators are able to be reimbursed for opportunistic vaccinations. The revised document will specify that payment for vaccination of immunocompetent individuals can be authorised if the person had reached the age of 65 on or after 1 September 2023 but had not yet attained the age of 80 (“the Target Age Group”). This date will change on 1 September 2028 for the second phase of the roll out and will be for those attaining age 60 after 1 September 2028 but not yet attaining the age of 80.
18. An ‘in year’ funding allocation for the changes to the shingles programme in 2023-24 will be made to health boards. Further details will be provided shortly in a separate letter which will cover the first 7 months of the programme in the 2023-24 financial year.

Opportunistic Vaccination

19. Opportunistic ability to give the shingles vaccine has been instrumental in the shingles programme to date and maintaining this practice going forwards is encouraged. In instances where an individual has already attained or passed the age of 65 but not yet 80 for phase one, or 60 but not yet 80 in stage two, then general practices can accommodate opportunistic vaccination if operationally possible. The SFE will be clear on the parameters for this reimbursement route for opportunistic

vaccination.⁵ This opportunistic offer is available to enhance the robust call/recall that should be in place from 1 September 2023.

Co-administration Opportunities

20. Where General Practices have been commissioned and are inviting individuals for shingles vaccination, it would be operationally efficient for Pneumococcal Polysaccharide Vaccination (PPV) to be offered at the same time for 65-year-olds. Health boards may wish to consider this in their commissioning arrangements. Both vaccines can be co-administered and eligibility for PPV is also attained at 65 years old.
21. PPV is currently available to order via ImmForm at 30 doses per week. Cap limit increases can be requested through the normal ImmForm process if required and will depend on available supply. Efficiencies in practice and any feedback on challenges experienced in achieving high uptake should be shared with the relevant health board and Vaccination Programme Wales, with the overall aim of increasing uptake throughout Wales.
22. Other vaccines may also be co-administered with Shingrix® and services should consult the [Green Book chapter \(28a\)](#) for information, with a view to maximising vaccine uptake and achieving service efficiencies.

Programme ambitions

23. There are significant individual and collective benefits of a successful shingles vaccination programme, including reduced time needed for shingles related appointments, fewer hospitalisations due to post herpetic neuralgia and other operational gains.
24. The shingles vaccination programme currently has a cumulative uptake of around 57% for individuals aged 70-79 in Wales.
25. The aspiration for uptake for the first year of the programme is for 60% of those turning 65 and 70 to receive a complete course of vaccination.
26. An equality impact assessment should be produced by health boards on plans for implementing the changes to the shingles vaccination programme described in this circular. These plans should be shared with Vaccination Programme Wales, who will report to Welsh Government.

⁵ If a patient is opportunistically vaccinated by a GP within the 12-week period before the day on which they become eligible for the vaccine, the SFE provides for payment to be made to them at the discretion of the health board.

We will review these ambitions after the first year of the implementation period. It is our intention to develop the equity-based ambitions to move to a place where more defined expectations are placed on health boards in order to reduce equity gaps in vaccination. The data isn't currently available to provide a sound basis for this. We will use the equality impact assessments of implementation plans developed by health boards to inform our expectations and ambitions from year 2.

27. Uptake surveillance will continue to be available by each age cohort, but the target ambition for uptake only applies for those aged 65 and 70 during the first phase of the changeover.
28. These ambitions will be kept under review and revised periodically with a view to continuously improving the programme and ensuring a focus on vaccination equity.
29. Health boards and Trusts will share best practice and review performance through the governance of Vaccination Programme Wales. Health board performance will also be monitored through the IQPD and JET processes.

Patient Group Directions (PGDs)

30. Template Patient Group Directions for Shingrix® vaccine (and Zostavax® vaccine) will be made available at [Medicines guidance for healthcare professionals – Welsh Medicines Advice Service \(wales.nhs.uk\)](https://www.wales.nhs.uk/medicines-guidance-for-healthcare-professionals) as a reference resource for health boards to develop and authorise for use locally.

Information for healthcare professionals and eligible individuals

31. The shingles (herpes zoster) [Green Book chapter \(28a\)](#) contains detailed clinical guidance on shingles and shingles vaccination. Healthcare practitioner information and guidance to support the implementation of these changes to the shingles programme, including e-learning and a training slide set, is currently being updated and will be available on the shingles information for health professionals webpage here [_Shingles - Information for health professionals - Public Health Wales \(nhs.wales\)](#)
32. An eLearning module is available for the shingles vaccination programme which will be updated and made available on ESR and via Learning@Wales. Information on how to access the eLearning module on Learning@Wales is available here: [Immunisation eLearning - Public Health Wales \(nhs.wales\)](#)

33. Public information is currently being updated and will be available online at: [Shingles vaccine - Public Health Wales \(nhs.wales\)](https://phw.nhs.wales/services-and-teams/health-information-resources/) and resources will be available to order from: <https://phw.nhs.wales/services-and-teams/health-information-resources/>

Supporting Programme Resources

34. Health professional guidance: The Shingles (herpes zoster) Green Book chapter (28a) is being updated and will be published before the changes to the programme are introduced in September: [Shingles \(herpes zoster\): the green book, chapter 28a - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a)

35. Healthcare professional information and guidance for the shingles vaccination programme produced by UKHSA is available at: [Shingles vaccination: guidance for healthcare professionals](https://www.ukhsa.gov.uk/shingles-vaccination-guidance-for-healthcare-professionals)

36. Patient facing resources: [Shingles vaccination checklist](https://www.ukhsa.gov.uk/shingles-vaccination-checklist)

37. Public information will be updated and available online at: <https://phw.nhs.wales/services-and-teams/health-information-resources/>

Communications

38. Public Health Wales is preparing a communications strategy to support the changes to the shingles vaccination programme. Resources are being created for healthcare professionals (see above) and public facing web content will be updated with information about the changes.

Consent

39. Guidance on informed consent can be found in chapter 2 of the Green Book available at: <https://www.gov.uk/government/publications/consent-the-green-book-chapter-2>

Reporting suspected adverse reactions

40. Health professionals and those vaccinated are asked to report suspected adverse reactions through the online Yellow Card scheme (www.mhra.gov.uk/yellowcard), by downloading the Yellow Card app or by calling the Yellow Card scheme on 0800 731 6789 9am – 5pm Monday to Friday.

Annex B - Vaccine coverage data collection

41. Surveillance for shingles vaccination is carried out by the Public Health Wales Vaccine Preventable Disease Programme, using the same methods as for other adult vaccination programmes.
42. Read/ SNOMED coded data are automatically collected directly from general practices using Audit+, based on nationally recommended SNOMED/ Read codes.

	SNOMED Concept ID	SNOMED Description ID
Shingrix® vaccine 1st dose	1326101000000105	Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)
Shingrix® vaccine 2nd dose	1326111000000107	Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)

43. Public-facing surveillance reports are published on the Public Health Wales website:

In English

<https://public.tableau.com/app/profile/public.health.wales.vpd.and.respiratory.surveillance.group/viz/NationalandHBlevelShinglesdashboard-ENGLISH/DBShinglesuptake-ENGLISH>

In Welsh:

<https://public.tableau.com/app/profile/public.health.wales.vpd.and.respiratory.surveillance.group/viz/NationalandHBlevelShinglesdashboard-WELSH/DBShinglesuptake-WELSH>

44. For NHS Wales, surveillance reports are also published at primary care cluster and general practice level through the VPDP Sharepoint site:
https://phw-tableau.cymru.nhs.uk/#/views/GP_Shingles/GPShingles?iid=1