

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 27 August 2021

STATUS: COMPLIANCE / ACTION / INFORMATION

CATEGORY: PUBLIC HEALTH

TITLE: INTRODUCTION OF SHINGRIX® FOR IMMUNOCOMPROMISED INDIVIDUALS (FROM SEPTEMBER 2021)

Date of Expiry / Review: N/A

For Action by:

General Practitioners
Immunisation Leads, Health Boards
Directors of Public Health, Health Boards
Directors of Primary, Community and Mental Health, Health Boards
Deputy Director of Public Health Services, Public Health Wales
Head VPD Programme, Public Health Wales

For information to:

Chief Executives, Health Boards
Medical Directors, Health Boards
Nurse Executive Directors, Health Boards
Chief Executive, Public Health Wales

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

DHSS Welsh Government Contact

Public Health Division, Welsh Government, Cathays Park, Cardiff CF10 3NQ

Email: health.protection@gov.wales

Enclosure(s): Annex A

Dear Colleague,

The Shingles Vaccination Programme

1. From 01 September 2021, general practices 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.
2. In line with the current requirements of the shingles programme, the vaccine should be offered to those becoming eligible at 70 years old and to unvaccinated individuals in their 70s who have not yet reached their 80th birthday.
3. The introduction of this inactivated shingles vaccine follows the recommendation made by the Joint Committee on Vaccination and Immunisation (JCVI) at its February 2018 meeting. The committee recommended that Shingrix® should be offered to all immunocompromised people for whom Zostavax® is contraindicated but who are eligible for vaccination under the current programme. This would enable these individuals to gain a similar level of protection against shingles through vaccination to those who are not immunocompromised and have received a shingles vaccine. 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 70-79 years with herpes zoster vaccine. There is now sufficient supply of the Shingrix® vaccine to be able to implement the JCVI recommendation.
4. From mid-August, Shingrix® will be available for general practice to order online via the ImmForm website for those who are clinically contraindicated Zostavax® due to immunocompromised.
5. Shingrix® should be used for those who are eligible from 1 September 2021.
6. Shingrix® requires a 2 dose schedule, with the second dose administered from 2 months (up to 6 months) following the first dose.
7. In order to have sufficient supply for those who need to receive it, it is important that Shingrix® is given only to those who are clinically contraindicated Zostavax®, due to their immunocompromised status.

8. General Practice should continue to offer Zostavax® to immunocompetent eligible patients aged 70 to 79 years.
9. Any individual who reaches their 80th birthday is routinely no longer eligible for a shingles vaccination due to the reducing efficacy of the vaccine as age increases. This reflects the 2010 recommendation made by JCVI. However, where an individual has turned 80 years of age following their first dose, a second dose should be provided to complete the two-dose schedule for Shingrix®.
10. Shingles is a significant cause of morbidity in older people. Vaccine uptake in those age 70 was 33.1% in 2020/21. Ongoing efforts are needed to identify and vaccinate all eligible individuals to ensure a continuing reduction in the number of cases of this debilitating and painful condition and the complications related to it. I encourage colleagues to take every opportunity to offer shingles vaccination to eligible patients throughout the year to help to protect as many older people as possible from this potentially devastating illness.

I am grateful for your continued support of the shingles immunisation programme.

Yours sincerely,



Dr Frank Atherton
Chief Medical Officer / Medical Director NHS Wales

Annex A

1. This guidance is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI), the UK's independent advisory committee of immunisation experts. Full detailed guidance will be available in the updated [chapter 28a](#) on Shingles (herpes zoster) included in 'the Green Book' (Immunisation against infectious disease). The chapter is in the process of being updated following a review by an Expert Working Group. The update will be published before September 2021.

Incidence of shingles and vaccine uptake

2. Prior to the introduction of the vaccination programme, annual incidence of shingles for those aged 70 to 79 years was estimated to be around 790 to 880 cases per 100,000 people in England and Wales, with around 4% of cases in those aged 70 years and over resulting in complications including long term pain (post-herpetic neuralgia). Evaluation following the first five years of the vaccination programme in England showed vaccine effectiveness of 50% to 60% against GP consultations for herpes zoster. Vaccine effectiveness against consultations for post-herpetic neuralgia was estimated to be 66% (54% to 78%) and 75% (63% to 86%) in catch-up and routine cohorts respectively.
3. For the 2020/21 Shingles Immunisation Programme¹, overall, 33.1% of those that turned 70 and 54.6% of those that turned 79 during the year (from 1 April 2020 to 31 March 2021) were vaccinated as at 28 March 2021. Compared to 2019/20 vaccine coverage decreased by 6.6% for 70 year olds and increased by 0.4% for 79 year olds. Latest data on uptake can be found on the Public Health Wales web site at:

<https://phw.nhs.wales/topics/immunisation-and-vaccines/shingles-and-shingles-immunisation/>

Eligibility from 1 September 2021

4. From 1 September 2021, the non-live shingles vaccine Shingrix® may be offered to individuals where, due to their immunocompromised status, Zostavax® vaccine is clinically contraindicated as follows:

Routine programme

- to individuals on or after their 70th birthday who are eligible for the shingles vaccination;

Catch up programme

- to unvaccinated individuals in their 70s who have not yet reached their 80th birthday.
5. There is no requirement for practices to operate active call and recall systems but it would be good practice to do so. Priority should be given to maximising uptake when the patient becomes eligible at 70 years of age.
 6. Shingrix® requires a 2 dose schedule, with the second dose administered from 2 months (up to 6 months) following the first dose.
 7. Shingrix® can be administered at any time of year and can also be given alongside other vaccines such as flu and pneumococcal polysaccharide vaccine (PPV). The current advice is that shingles vaccines should not be given at the same time as COVID-19 vaccines, which require an interval of 7 days.
 8. Any individual who reaches their 80th birthday is no longer eligible for a shingles vaccination. However, where an individual has turned 80 years of age following their first dose, a second dose should be provided to complete the two-dose schedule for Shingrix®. Following a temporary extension in Wales due to the COVID-19 pandemic, individuals who have turned 80 years of age during the pandemic and missed the opportunity to be vaccinated may still be offered shingles vaccine up to 31 March 2022.

Patient Group Directions

9. A Shingrix® vaccine patient group direction (PGD) from PHE will be made available on the PHW PGD template page, for Health Boards to locally develop and authorise for use locally.
10. <http://nww.immunisation.wales.nhs.uk/current-pgd-templates>

Vaccine supply

11. From mid-August 2021, Shingrix® will be available to order online via the [ImmForm website](#) for [individuals for whom Zostavax® is clinically contraindicated due to immunocompromise](#). See the [ImmForm helpsheet](#) for information on registering for an ImmForm account. Ordering controls will be in place to balance incoming supply with demand. Details of ordering controls will be made available on ImmForm and in Vaccine Update in due course. Please make sure that stocks of shingles vaccine are rotated in fridges so that wastage is minimised. It is recommended that practices hold no more than two weeks' worth of stock.

Identifying eligible patients

12. General Practices 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.

13. The section on contraindications for Zostavax® in the Shingles (herpes zoster) Green Book chapter (28a) is being updated following a review by an Expert Working Group and will be published before the vaccine is introduced in September:
<https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a>
14. Where General Practices undertake a search of their clinical system for eligible patients, search criteria should be adjusted to ensure patients eligible for vaccination but for whom Zostavax® is contraindicated are included for vaccination with Shingrix® from September 2021 and are invited for their second dose in good time.

Funding

15. Funding for the routine Zostavax® shingles programme has already been transferred to health boards' core allocations. An 'in year' funding allocation for the Shingrix® programme in 2021-22 will be made to health boards. Further details will be provided shortly in a separate letter.

Service arrangements

16. Service arrangements have been agreed with GPC Wales. The Directions to Local Health Boards as to the Financial Entitlements Directions 2013 will be amended accordingly.
17. GMS contractors can claim an Item of Service fee of £20.06 on completion of the final course of the Shingrix® vaccine i.e. after the 2nd dose in respect of each registered patient who meets the eligibility criteria and who has received the Shingrix® vaccines during the financial year ending 31 March.
18. If a GMS contractor has only been able to administer a single dose, a GMS contractor may claim £10.03 for that dose provided that;
- a) the contractor states the reason(s) for only administering a single dose when making a claim, and
 - b) the LHB is satisfied by the reason(s) given by the contractor before it makes a payment for a single dose.

Data collection

SNOMED codes for administration of Shingrix® vaccine

19. SNOMED codes and GP IT systems will be updated to allow the recording of the two doses of Shingrix® in electronic health records from September 2021. The recommended SNOMED codes for recording administration of Shingrix® vaccine doses in electronic patient records are as follows:

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

Information for healthcare professionals and patients

20. The Shingles (herpes zoster) Green Book chapter (28a) is being updated and will be published before the vaccine is introduced in September: <https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a>
21. Healthcare professional information and guidance for the shingles vaccination programme will be updated to include the offer of Shingrix® for eligible patients and is available at: <https://www.gov.uk/government/publications/shingles-vaccination-guidance-for-healthcare-professionals> and also at: <http://nww.immunisation.wales.nhs.uk/shingles-vaccination-programme> (NHS Wales intranet only)
22. A training slide set will also be made available at: <http://nww.immunisation.wales.nhs.uk/resources-for-trainers> (NHS intranet only). 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: <https://phw.nhs.wales/topics/immunisation-and-vaccines/immunisation-elearning/>
23. Updated public information will be available online at: <https://phw.nhs.wales/topics/immunisation-and-vaccines/shingles-and-shingles-immunisation/> and resources will be available to order from: <https://phw.nhs.wales/services-and-teams/health-information-resources/>

Black Triangle Scheme

24. Shingrix® is part of the Medicines and Healthcare products Regulatory Agency's (MHRA) [Black Triangle Scheme](#) for new medicines and vaccines to allow rapid identification of new safety information. Healthcare professionals are asked to report all suspected adverse reactions via the Yellow Card Scheme at: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

Vaccine coverage data collection

25. Surveillance for shingles vaccination is carried out by Public Health Wales Vaccine Preventable Disease Programme, using the same methods as for other adult vaccination programmes. Read/ SNOMED coded data are collected from general practices using Audit+, based on nationally recommended codes. Routine surveillance reports are published through the Public Health Wales internet and intranet sites.

Links to surveillance reports:

Internet: <https://phw.nhs.wales/data/> (immunisation section)

Intranet (NHS only): <http://nww.immunisation.wales.nhs.uk/shingles-uptake>