

Welsh Government Integrated Impact Assessment

Sections 1 and 8

Title of proposal:	Expansion of the shingles immunisation programme for severely immunosuppressed individuals to include adults aged 18-49.
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Cabinet Secretary/Minister responsible:	Cabinet Secretary for Health and Social Care
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Section 1. What action is the Welsh Government considering and why?

In narrative form, please describe the issue and the action proposed by the Welsh Government. How have you applied / will you apply the five ways of working in the Well-being of Future Generations (Wales) Act 2015 to the proposed action, throughout the policy and delivery cycle?

Shingles, or herpes zoster, is a viral infection of the skin and nervous system caused by the reactivation of the varicella-zoster virus (commonly known as chickenpox) in a previously infected person. Once a person has recovered from chickenpox, the varicella zoster virus lies dormant in their nerve cells and can reactivate at any stage later in life. This is especially true when their immune system is compromised.

The onset of shingles is commonly associated with a blistered rash and pain, typically lasting between 2 to 4 weeks. The fluid from these blisters is infectious and can cause chickenpox in people who are not immune. In some cases, severe pain (post-hepatic neuralgia) can last for several months or years after the rash has disappeared. Other complications can include motor weakness, facial palsy and herpes zoster ophthalmicus (which may lead to complications resulting in impaired vision). The virus can also disseminate into organs leading to pneumonia, hepatitis, encephalitis. Disseminated disease is more likely to occur in those who are severely immunosuppressed, with a case fatality rate reported to be between 5 and 15%¹. Shingles is treatable with antiviral drugs, but it can be extremely debilitating and sufferers may be hospitalised. Post-hepatic neuralgia is only partially treatable with expensive painkillers.

Although shingles can occur at any age, the incidence and severity of cases increases in older age cohorts. Suppression of the immune system is also associated with an increased risk of shingles and resulting post-hepatic neuralgia, from either immunosuppressive treatment, underlying medical conditions or age-related immunosenescence.

In 2013, Wales introduced a shingles vaccination programme for people aged 70-79 years, using a single dose of live zoster vaccine (brand name Zostavax®). In 2019, the Joint Committee on Vaccination and Immunisation (JCVI) recommended that the national shingles immunisation programme should be changed to offer Shingrix® on a 2 dose schedule. Further changes to the programme were made in 2023, when the eligibility for Shingrix® vaccination expanded to include all severely immunosuppressed individuals aged 50 and over, and the eligible age for immunocompetent individuals was lowered from 70 to 60 years of age².

¹ [Shingles Green Book chapter 28a](#)

² [Shingles - Information for health professionals - Public Health Wales](#)

In November 2024, the JCVI issued further advice recommending the shingles programme eligibility should be expanded to include all severely immunosuppressed adults aged 18 years and over, based on their equivalent risk to other cohorts already eligible for vaccination³. Eligible individuals include those with immunodeficiency states or on immunosuppressive therapy, as set out in the definition of severe immunosuppression in the Green Book, chapter 28a⁴. Welsh Government, along with the other UK nations, proposes to expand the current programme for immunosuppressed individuals from September 2025.

This policy relates to four of the goals under the Well-being of Future Generations (Wales) Act namely:

- a more prosperous Wales – a highly vaccinated population is healthier, which in turn leads to higher employment and greater productivity.
- a healthier Wales - through contributing to people's physical and mental well-being.
- A more equal Wales – where a healthier population can go on to reach their potential regardless of their background/ circumstances.
- A globally responsible Wales – where vaccination is key to global health security, in an interconnected world where disease outbreak can spread very quickly. A highly vaccinated country can respond better to public health outbreaks and emergencies.

In terms of the five ways of working, this policy considers:

Long term

- Expanding the programme would limit the infection rate and reduce the number of severe cases of shingles amongst severely immunosuppressed individuals aged 18-49. Analysis undertaken by UKHSA concluded that the risk of hospitalisation in younger immunosuppressed age groups from shingles or resulting post-hepatic neuralgia was similar to other cohorts who were already eligible for vaccination. Expanding the programme to include this age group is therefore likely to have a positive health effect for those vaccinated and reduce the impact of shingles and resulting complications on public health services.
- Vaccination programmes provide a degree of social mobility, as poverty and the associated ill-health and mortality from infectious diseases are no longer the determinants of one's life chances. Vaccine recipients have the potential for improved quality of life and life-expectancy.

³ [JCVI statement on the shingles \(herpes zoster\) vaccination programme - GOV.UK](#)

⁴ [Shingles Green Book chapter 28a](#)

Prevention

- Vaccination is one of the most important actions we can take for our own health, and it's the most important preventative action NHS Wales can offer to people in Wales. By having the vaccination, individuals will significantly reduce their chance of developing shingles and the long-term side effects, and vaccinated individuals who do get shingles are likely to have a milder and shorter illness. The primary aim of the programme expansion is to offer protection to all severely immunosuppressed adults who are considered at risk of severe illness from shingles and resulting complications, specifically hospitalisation and death.
- This will have a positive health effect for those vaccinated and will reduce the impact of shingles on public health services. An assessment of the effectiveness of the routine programme when it was first introduced, showed vaccine effectiveness was good across the eligible cohorts, with very good protection against post-hepatic neuralgia⁵.

Integration

- As this is an expansion of an existing shingles programme for severely immunosuppressed individuals, the programme would be integrated within the existing delivery model. Welsh Government officials are working closely with Vaccine Programme Wales (VPW) and Public Health Wales (PHW) on the most efficient and effective way to do this, whilst minimising disruption of the NHS delivery of other routine programmes.

Collaboration

- Welsh Government will continue to act in collaboration with VPW and PHW in planning the expansion of the vaccination programme through regular on-line meetings and correspondence.

Involvement

- We are working with VPW and PHW to identify organisations and charities that support immunosuppressed individuals, to be able to offer them guidance and information on how eligible individuals can access vaccination, as they are expected to be key stakeholders in the promotion of the vaccinations and benefits it will bring.

Impact

Positive –

- the purpose of expanding the shingles vaccination (like all vaccination) is as a preventative measure to provide protection against the shingles virus – with

⁵ [Effectiveness of herpes zoster vaccination in an older United Kingdom population - ScienceDirect](#)

the aim of keeping more vulnerable individuals safe from severe disease, hospitalisation and death.

- the expanded programme would limit the infection rate and reduce the number of severe cases in those immunised. This will have a positive health effect for those vaccinated and will reduce the impact of shingles on public health services.
- studies have shown that in the first 5 years of the shingles vaccination programme, there were 40,500 fewer GP consultations for shingles related disease and 1,840 fewer hospitalisations⁶.

Negative

- There is a risk in terms of acceptability and take up, if the public awareness of the risks of shingles is low amongst the eligible cohort. There is evidence that the take up of the flu vaccination amongst the same cohort of severely immunosuppressed individuals is lower than the uptake target.
- There is risk that introducing an additional element of the routine vaccination programme could cause further pressures on the NHS, particularly as the changes are proposed from September when health boards are also responsible for rolling out flu and covid programmes. This additional ask could negatively impact on their capacity and ability to deliver other routine services.

Costs and Savings

- Within their advice, the JCVI reviewed results from cost-effectiveness modelling which suggested that vaccination with Shingrix® was cost-effective for the immunosuppressed population for ages 50 to 90 years. These age parameters were chosen based on the vaccine authorisation at the time, which has since been expanded for the prevention of shingles in adults 18 years and older at increased risk of shingles.
- These costs do not include ICU, ambulance conveyances, social care, informal care, or productivity costs (e.g. individuals taking time off work due to illness or caring responsibilities), so the true benefits are likely to be higher. Preventing severe cases of shingles may have additional benefits for the NHS by reducing pressures.

Mechanism

- No new legislation is required to expand the vaccination programme in Wales.

⁶ [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](#)

- The [National Immunisation framework](#) was published in October 2022 and sets out our plans to inform people to know what vaccinations they are eligible for and how to receive them.
- Deployment will be the responsibility of NHS Wales, with health boards in Wales expanding on their existing deployment models to offer the vaccination to all ages within the severely immunosuppressed cohort.
- Any decision to expand the shingles vaccination programme will be communicated at the appropriate time to NHS via a Wales Health Circular and a written statement will be published to inform members of the Senedd.
- PHW will develop a communications strategy to raise awareness of shingles and inform eligible individuals of the benefits of having the vaccination and how those offered can access vaccination.

Section 8. Conclusion

8.1 How have people most likely to be affected by the proposal been involved in developing it?

The Joint Committee for Vaccination & Immunisation (JCVI) has recommended that eligibility for the current shingles vaccination programme for severely immunosuppressed adults should be expanded to include those aged 18-49 years old⁷.

Eligible individuals are those who meet the definition of severe immunosuppression as set out in the Green Book, chapter 28a⁸. This will include individuals with immunodeficiency states due to underlying health conditions or those on immunosuppressive therapy. The eligible cohort is likely to vary each year, as some individuals will be considered permanently immunosuppressed, whereas others will become eligible whilst undergoing treatment.

Throughout the development of the vaccination policy, Welsh Government has worked closely with Vaccine Programme Wales and Public Health Wales to identify organisations and charities that support immunosuppressed individuals to be able to offer them guidance and information on how eligible individuals can access vaccination, as they are expected to be key stakeholders in the promotion of the vaccinations and benefits it will bring. We have also gathered insight on the performance of the current programme for immunosuppressed individuals aged 50 plus, to inform planning considerations and capture any lessons learned since the programme's roll out in September 2023.

Public Health Wales has a role in engaging with the public and a range of statutory and third sector organisations to gain behavioural insights on the barriers, perceptions and experiences of the vaccination programmes in Wales. The organisation uses various tools and methods to engage directly with groups to inform and influence national strategies and service improvements. The aim is to actively involve the different sections of the public, such as ethnic minority groups⁹ in the development of resources and interventions, with the aim of informing and building trust. Should the programme be implemented, these insights will be used to inform the communications plan and tailor information and leaflets for specific groups within the eligible cohorts.

⁷ [JCVI statement on the shingles \(herpes zoster\) vaccination programme - GOV.UK](#)

⁸ [Shingles Green Book chapter 28a](#)

⁹ <https://phw.nhs.wales/topics/immunisation-and-vaccines/engagement-insights/evaluation-of-information-resources-ethnic-minorities-summary-report-2023/>

8.2 What are the most significant impacts, positive and negative?

Expanding the shingles vaccination programme to include all severely immunosuppressed adults aged 18 and over, is expected to have a positive societal and individual impact through reducing the burden of disease. Analysis undertaken by UKHSA found the risk of hospitalisation in younger immunosuppressed age groups from shingles or resulting post-hepatic neuralgia was similar to other cohorts who are already eligible for vaccination. Therefore, vaccinating this cohort is likely to have a positive health effect on the individuals who would experience a milder and shorter illness, as well as on the NHS in Wales, through a reduction in GP appointments, hospital admissions and related public health response costs.

Vaccination would be offered to all eligible individuals regardless of gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation. If the vaccination programme is expanded to this cohort of individuals, in line with JCVI advice, then people eligible in Wales would receive the same protection as in other nations of the UK.

Alongside the health benefits of reducing the risk of severe disease for individuals, the vaccination programme can benefit businesses through limiting the economic impact of productivity losses and absenteeism, arising from both the individual needing to take time off work due to illness, and from those with any caring responsibilities for severely immunosuppressed individuals. Expanding the programme's eligibility to include those aged 18-49 will result in more individuals of working age being offered vaccination.

There is risk that expanding the routine vaccination programme could cause further pressures on the NHS in Wales, particularly as the changes are proposed from September when health boards already face heightened pressure on the system during the autumn and winter months. This additional ask could negatively impact on their capacity and ability to deliver other routine services, particularly the flu and covid vaccination programmes which are also delivered from September. This impact will be mitigated with guidance on a phased roll out for the system, with primary care able to offer vaccination year round, at a time that is manageable for them. Updating all the necessary patient literature and guidance for vaccinators from a PHW perspective is also a challenge, as is standing up the necessary digital systems needed to invite those newly eligible for appointments and record vaccinations.

8.3 In light of the impacts identified, how will the proposal:

- **maximise contribution to our well-being objectives and the seven well-being goals; and/or,**
- **avoid, reduce or mitigate any negative impacts?**

Due consideration has been given to how the vaccination policy relates to the goals under the Well-being of Future Generations (Wales) Act and the five ways of working. A highly vaccinated population is healthier, physically and mentally, which contributes to the healthier Wales goal. Healthier people mean a more productive workforce and higher productivity, which lends itself to a more prosperous Wales. Vaccination is key to global health security, in an interconnected world where disease outbreaks can spread very quickly. A highly vaccinated country can respond better to public health outbreaks and emergencies, which results in a more globally responsible Wales.

In terms of the five ways of working, this policy considers:

Vaccination programmes in the **long term** provide a degree of social mobility, as poverty and the associated ill-health and mortality from infectious diseases are no longer the determinants of one's life chances. Vaccination is one of the most important actions we can take for our own health, and it's the most important **preventative** action NHS Wales can offer to people in Wales. This vaccination programme will **integrate** and align with the existing shingles vaccination programme. Welsh Government officials will continue to work closely with Vaccine Programme Wales (VPW) and Public Health Wales (PHW) to minimise disruption to NHS services. The Welsh Government has and will continue to act in **collaboration** with VPW and PHW in planning the implementation of the expanded programme and monitoring its success, through regular engagement. We continue to work with VPW and PHW to identify and **involve** relevant stakeholders in the creation and promotion of guidance and information for severely immunosuppressed individuals eligible for vaccination. Subject to Ministerial agreement, the Welsh Government will work with clinical and operational colleagues to inform decisions on how an expanded shingles programme would be delivered from autumn 2025.

In order to maximise the benefits described, vaccination must be accessible to all.

To maximise uptake for the shingles programme in hard-to-reach groups, NHS Wales will be implementing the principles of the National Immunisation Framework, published by the Welsh Government in 2022¹⁰, which aims to transform and improve the delivery of vaccination and immunisation programmes for the people of Wales, with an emphasis on increased uptake and with equity at its core.

¹⁰ <https://www.gov.wales/sites/default/files/publications/2022-10/national-immunisation-framework-for-wales.pdf>

In delivering this vaccination programme, health boards will be expected to offer tailored support to enable and encourage under-served groups to take-up the offer of the vaccination. This requires a proactive approach to ensure that:

- Everyone eligible for a vaccination is appropriately offered an appointment (and recalled when necessary) and can access a vaccination.
- Everyone is supported with the information that they need to make an informed decision on vaccination based upon reliable sources.

There should be locally-led action to engage and empower communities to understand the benefits of vaccination and support and motivate others in their communities to be vaccinated, in particular, in areas of low uptake. Health boards are expected to develop a Vaccine Equity Strategy and programme of work with dedicated public health input.

Person centred, accessible deployment options are critical to maximising uptake and so there is the expectation on health boards have this at the centre of their deployment planning and delivery. Bringing vaccines as close to individuals as possible improves uptake – delivery by GPs through primary care is one of the most accessible ways to obtain vaccination due to the general proximity of GP surgeries to where people live.

8.4 How will the impact of the proposal be monitored and evaluated as it progresses and when it concludes?

The expansion of the shingles vaccination programme for severely immunosuppressed individuals will be monitored by VPW who will report back to Welsh Government via the Vaccine Oversight Board as part of the national governance arrangements.

A four-nation project board has been set up to discuss the expansion and align deployment to ensure consistency across the UK and NI. These meetings will continue to monitor progress along with meetings at official level. The surveillance system already in place for the current shingles programme will be updated to gather GPs uptake data of those newly eligible, in line with other vaccination programmes.

Welsh Government will continue to liaise with all relevant stakeholders beyond the implementation phase to monitor progress and evaluate the rollout. Officials will continue to attend JCVI vaccination meetings, as observers, to monitor any future discussion on shingles and any changes they might advise.