Chief Medical Officer Directorate

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The Scottish Government

Dear Colleague

DETAILS OF THE SHINGLES (HERPES ZOSTER) VACCINATION PROGRAMME 2021/22

1. We are writing to provide further information on the 2021/22 shingles vaccination programme which began on 1 September 2021 including the use of the non-live shingles vaccine, Shingrix®

2. From 1 December 2021, individuals who are eligible for shingles vaccine (adults aged 70-79 years), but who are contraindicated to the receipt of the live vaccine (Zostavax®) should be offered non-live vaccine (Shingrix®) instead.

3. The introduction of this non-live shingles vaccine follows the recommendation made by the JCVI that Shingrix® should be offered to those people who are severely immunosuppressed and 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 with no contraindications.

4. Individuals who should be offered Shingrix® instead of Zostavax® amongst this age group are summarised in **Annex C**.

5. Participating GP practices will be provided with a list of patients who are thought to be severely immunosuppressed which has been compiled for Covid-19 vaccination purposes. Participating GP practices will be able to cross check the list with their patient records to ensure that these patients meet the eligibility criteria, adding eligible patients who are contraindicated to Zostavax® and are now eligible for Shingrix®, focusing on those who are 70-79 years old and have not previously received Zostavax®. If there is any doubt of eligibility, the individual patients' case should be discussed with their specialist care team.

6. If participating GP practices are aware of patients not on

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For action
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Practice Nurses
Primary Care Leads, NHS Boards
NHS Board Immunisation Coordinators
NHS Board Medical Directors
Nurse Directors, NHS Boards
Directors of Public Health
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the list but are deemed eligible (see Green Book Chapter) then they should be vaccinated accordingly, as long as they have not been previously vaccinated with Zostavax® .

Background

7. The shingles vaccination programme was introduced in Scotland in 2013. Each year, since then has involved routine vaccination of people aged 70 and a year by year catch up for those aged 71-79 years. The final catch up group was offered the shingles vaccine in 2018/19.

2021/22 Programme

8. This year, eligibility for the 2021/22 programme is as follows:
   - Routine vaccination of 70 year olds (defined by the patient's age at 1 September 2021)
   - Opportunistic vaccination of 71–79 year olds who have not previously been vaccinated (defined by patient's age at 1 September 2021). People in this age group who were not vaccinated due to contraindication to the live vaccine should be identified from their clinical records and offered the Shingrix® vaccine.
   - Vaccine should not be offered to anyone aged 80 years and over, even if they have previously been eligible (defined by patient's age at 1 September 2021).

Non-Live vaccine

9. **Shingrix®** is a recombinant sub-unit (non-live) vaccine and contains varicella zoster virus. This vaccine is for those patients who are contraindicated to the live vaccine Zostavax®.

Administration

10. **The vaccine must not be given intra-vascularly**. The Shingrix® vaccine should be administered by intramuscular (IM) injection, preferably in the deltoid region of the upper arm. **Subcutaneous administration is not recommended**. Shingrix® should be given with caution to individuals with a bleeding disorder since bleeding may occur following intramuscular administration.

11. Shingrix® requires a 2 dose schedule, with the second dose administered a minimum of 2 months from the first dose. Practices/NHS Board clinics should invite patients for their 2nd dose as there is not going to be any national call/recall for the 2nd dose.

12. **Health Boards should continue to offer Zostavax® to eligible patients who are not contraindicated to the vaccine.**

13. We are very grateful for your continued support and hard work in delivering the Scottish Immunisation Programme to the people of Scotland.

14. Further information is included in the Annexes set out below.

Yours sincerely,

Dr Gregor Smith	*Professor* Alex McMahon	*Professor Alison Strath*
Chief Medical Officer	**Interim Chief Nursing Officer**	**Chief Pharmaceutical Officer**

Annex A

2021/22 SHINGLES (HERPES ZOSTER) VACCINATION PROGRAMME

Screening tool for contraindications to shingles vaccine

1. To support the shingles vaccination programme, an easy to use screening tool for contraindications to the live vaccine Zostavax® has been created for use by healthcare practitioners to help determine eligibility. The current tool will be updated to integrate further details on Shingrix®. This can be accessed at: https://publichealthscotland.scot/publications/screening-tool-for-contraindications-for-shingles-vaccine/screening-tool-for-contraindications-for-shingles-vaccine-version-120/

Immunisation against Infectious Disease (The Green Book)

2. The shingles chapter (chapter 28a) within Immunisation against Infectious Disease (The Green Book) can be found at: Shingles (herpes zoster): the green book, chapter 28a - GOV.UK (www.gov.uk)

Vaccination uptake rates for 2020/21

3. It is important that every effort is made to ensure vaccination uptake is as high as possible. The benefits of shingles vaccine should be communicated and vaccination made as easily accessible as possible for those eligible.

4. Vaccine coverage rates in Scotland for the 2020/21 programme was 53.9% for those individuals aged 70 to 79 years (September to June inclusive).

Eligibility

5. Vaccination should be routinely offered to people aged 70 years, and opportunistically offered to those aged 71-79 years not previously vaccinated with Zostavax®. However NHS Boards/ participating GP practices need to identify those people not previously offered the vaccine due to contraindication to the live vaccine and actively invite them for vaccination using the Shingrix® vaccine. This is defined by the patient's age on 1 September 2021.

6. From 1 December 2021, individuals who are eligible for shingles vaccine (adults aged 70-79 years), but who are contraindicated to the receipt of the live vaccine should be offered Shingrix® instead. Individuals who should be offered Shingrix® instead of Zostavax® amongst this age group are summarised in **Annex C**. If there is any doubt, individual patient's cases should be discussed with their specialist.

7. It is important that Shingrix® is given only to those who are clinically contraindicated for Zostavax® (i.e. those with severe immunosuppression) in order to have sufficient supply for those who need to receive it.

8. The shingles vaccine should not be offered to anyone aged 80 years and over, even if they have previously been eligible. This is defined by the patient's age on 1 September 2021.

9. Health Boards and participating GP practices are reminded of their responsibilities in the vaccination of eligible persons who are housebound and those in care homes and long-term hospital care.

10. Vaccination can be administered at any time of the year – it may or may not be administered at the same time as the seasonal flu vaccination. Vaccination teams can deliver this vaccination at a later time, if they need to protect their workforce capacity.

11. Zostavax® can be given at the same time as inactivated influenza vaccination. Whether administered at the same time as other vaccines or separately, as the eligible population are likely to have a high prevalence of co-morbidity, it is important to check that the recipient has no contraindications to administering a live vaccine, if Zostavax® is being used.

12. Because of the absence of data on co-administration of Shingrix® vaccine with adjuvanted influenza vaccine, it should not be routine to offer appointments to give this vaccine at the same time as the adjuvanted influenza vaccine. Based on current information, scheduling should ideally be separated by an interval of at least 7 days to avoid incorrect attribution of potential adverse events. Where individuals attend requiring both vaccines, however, and require rapid protection or are considered likely to be lost to follow up, co-administration may still be considered

13. Some people may also be eligible for a COVID-19 vaccine booster in the coming months, In the absence of any safety data for co-administering shingles, it is recommended that a seven day interval should ideally be observed between a COVID-19 vaccine and any shingles vaccines.

Vaccine supply

14. The central vaccine supply of Shingrix® must only be used for those in the eligible cohorts.

Call and recall

15. There will be no centralised letter inviting eligible people for the shingles vaccination programme. Patients should be directed to https://www.nhsinform.scot/shingles for further information about the vaccine and eligibility.

16. We continue to encourage all participating GP practices to put in place call and recall arrangements by way of a letter. Template invitation letters are available to help with this and updated material will be available by the end of October (see https://publichealthscotland.scot/publications/shingles-vaccine-resources)

17. Participating GP practices must ensure that arrangements are in place to recall those who receive the Shingrix® vaccine for their second dose a minimum of 2 months from the first dose.

Vaccine usage

18. Full details on use, dosage, administration, concomitant administration with other vaccines, contraindications, consent and reporting of adverse reactions with Shingrix® is set out in chapter 28a of the Green Book. This is available at: Shingles (herpes zoster): the green book, chapter 28a - GOV.UK (www.gov.uk)

Patient Group Direction (PGD)

19. A national specimen Patient Group Direction (PGD) for administration of Shingrix® is available on the Public Health Scotland website at: https://publichealthscotland.scot/publications/?q=&fq=phs_publication_type%3APatient+Group+Direction%23

Supply

20. Shingrix® should be ordered through NHS board Vaccine Holding Centres. Participating GP practices and Vaccine Holding Centres must liaise closely to ensure sufficient vaccine is available prior to the scheduling of vaccination appointments. Participating GP practices should ensure that stock with the shortest expiry date is used first to preserve vaccine supplies.

Storage

21. Vaccines should be stored in the original packaging at +2˚C to +8˚C and protected from light. All vaccines may be sensitive to some extent to heat and cold. Heat speeds up the decline in potency of most vaccines, thus reducing their shelf life. Do not freeze. Freezing may cause increased reactogenicity and loss of potency for some vaccines. It can also cause hairline cracks in the container, leading to contamination of the contents.

Vaccine stock management

22. Please ensure sufficient fridge space is available for the vaccine. Each site holding vaccine is asked to review current stocks of all vaccines. No more than 2 to 4 weeks of stock is recommended and higher stock levels should be reduced to this level. A review of available fridge space will be necessary to ensure adequate storage capacity at the start of the programme.

23. Effective management of vaccines throughout the supply chain is essential to reduce vaccine wastage, including the use of appropriate cool boxes/bags for transporting the vaccine during home/care home visits. Local protocols should be in place to keep vaccine wastage to a minimum. Even small percentage reductions in vaccine wastage have a major impact on the financing of vaccine supplies.

Reporting of adverse reactions

24. Suspected adverse drug reactions (ADR) to vaccines should be reported via the Yellow Card Scheme (www.mhra.gov.uk/yellowcard). Chapter 9 of the Green Book gives detailed guidance about which ADRs to report and how to do so. Additionally, Chapter 8 of the Green Book provides detailed advice on managing adverse events following vaccination. Information on the side effects of Shingrix® is available in Chapter 28a of the Green Book. These chapters are available at: https://www.gov.uk/government/organisations/public-health-england/series/immunisation-against-infectious-disease-the-green-book

Action

25. Health Boards and participating GP practices are requested to action this guidance and ensure that their vaccination teams are aware of it.

Annex B

COMMUNICATIONS - INFORMATION FOR PATIENTS AND EDUCATION RESOURCES FOR REGISTERED HEALTHCARE PRACTITIONERS

Communication materials for patients

1. Information leaflets and posters are available to Health Boards and participating GP practices to support this vaccination programme to help inform the general public. Online information for the public can be found within the shingles vaccine page on NHS inform at: www.nhsinform.scot/shingles

2. These materials, along with template shingles vaccination invitation letters and screensaver (to display on participating GP practice screens), are available to order and download online from https://publichealthscotland.scot/publications/shingles-vaccine-resources/

3. The leaflet will also be available in Arabic, Urdu, simplified and traditional Chinese and Polish, and in Easy Read, BSL and audio formats at www.nhsinform.scot/shingles (under 'After the vaccine' section). Public Health Scotland is happy to consider requests for other languages and formats. Please contact 0131 314 5300 or email phs.otherformats@phs.scot

Workforce education resources for healthcare practitioners

4. NHS Education for Scotland, in partnership with Public Health Scotland, will produce educational resources for healthcare practitioners. These resources will be available at http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection/immunisation/shingles.aspx

Annex C

Definition of Severe Immunosuppression [Green Book of immunisation - Chapter 28a Shingles (publishing.service.gov.uk)]

Individuals with primary or acquired immunodeficiency states due to conditions including:

- acute and chronic leukaemias, and clinically aggressive lymphomas (including Hodgkin's lymphoma) who are less than 12 months since achieving cure
- individuals under follow up for a chronic lymphoproliferative disorders including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma, Waldenstrom's macroglobulinemia and other plasma cell dyscrasias (N.B: this list not exhaustive)
- immunosuppression due to HIV/AIDS with a current CD4 count of below 200 cells/µl.
- primary or acquired cellular and combined immune deficiencies – those with lymphopaenia (<1,000 lymphocytes/ul) or with a functional lymphocyte disorder
- those who have received an allogeneic (cells from a donor) or an autologous (using their own cells) stem cell transplant in the previous 24 months
- those who have received a stem cell transplant more than 24 months ago but have ongoing immunosuppression or graft versus host disease (GVHD)

Individuals on immunosuppressive or immunomodulating therapy including:

- those who are receiving or have received in the past 6 months immunosuppressive chemotherapy or radiotherapy for any indication
- those who are receiving or have received in the previous 6 months immunosuppressive therapy for a solid organ transplant
- those who are receiving or have received in the previous 3 months targeted therapy for autoimmune disease, such as JAK inhibitors or biologic immune modulators including B-cell targeted therapies (including rituximab but for which a 6 month period should be considered immunosuppressive), monoclonal tumor necrosis factor inhibitors (TNFi), T-cell co-stimulation modulators, soluble TNF receptors, interleukin (IL)-6 receptor inhibitors., IL-17 inhibitors, IL 12/23 inhibitors, IL 23 inhibitors (N.B: this list is not exhaustive)

Individuals with chronic immune mediated inflammatory disease who are receiving or have received immunosuppressive therapy:

- moderate to high dose corticosteroids (equivalent ≥20mg prednisolone per day) for more than 10 days in the previous month
- long term moderate dose corticosteroids (equivalent to ≥10mg prednisolone per day for more than 4 weeks) in the previous 3 months
- any non-biological oral immune modulating drugs e.g. methotrexate >20mg per week (oral and subcutaneous), azathioprine >3.0mg/kg/day; 6-mercaptopurine >1.5mg/kg/day, mycophenolate >1g/day) in the previous 3 months

- certain combination therapies at individual doses lower than stated above, including those on ≥7.5mg prednisolone per day in combination with other immunosuppressants (other than hydroxychloroquine or sulfasalazine) and those receiving methotrexate (any dose) with leflunomide in the previous 3 months

Individuals who have received a short course of high dose steroids (equivalent >40mg prednisolone per day for more than a week) for any reason in the previous month.