

NHS public health functions agreement 2016-17

Service specification No.14

Shingles immunisation programme

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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Prepared by Public Health England

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This is a service specification to accompany the 'NHS public health functions agreement 2016-17 (the '2016-17 agreement') published in December 2015.

This service specification is to be applied by NHS England in accordance with the 2016-17 agreement. This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

Where a specification refers to any other published document or standard, it refers to the document or standard as it existed at the date when the 2016-17 agreement was made between the Secretary of State and NHS England Board, unless otherwise specified. Any changes in other published documents or standards may have effect for the purposes of the 2016-17 agreement in accordance with the procedures described in Chapter 3 of the 2016-17 agreement

Service specifications should be downloaded in order to ensure that commissioners and providers refer to the latest document that is in effect.

The 2016-17 agreement is available at www.gov.uk (search for 'commissioning public health').

All current service specifications are available at www.england.nhs.uk (search for 'commissioning public health').

This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply. It must always be read in conjunction with the core immunisation service specification and the online version of the Green Book:

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

1. Purpose of the shingles (herpes zoster) immunisation programme

- 1.1. This document relates to the shingles (herpes zoster) vaccine which helps to reduce the number of shingles cases and associated sequelae. The Joint Committee on Vaccination and Immunisation (JCVI) advised that a universal shingles programme should be implemented for people aged 70 years and up to 79 years inclusive. The purpose of this service specification is to enable NHS England to commission shingles vaccine immunisation services to a standard that will minimise shingles cases and reduce the subsequent morbidity associated with shingles. Commissioners should aim to achieve timely vaccination with high coverage rates among those who are eligible. This programme requires evaluation and monitoring within the context of populations with protected characteristics as defined by the Equality Act 2010.
- 1.2. This specification provides a brief overview of the vaccine including the disease they protect against, the context, evidence base, and wider health outcomes and should be read alongside the core specification which underpins national and local commissioning practices and service delivery.
- 1.3. [*Immunisation against infectious disease*](#) (known as the Green Book), issued by Public Health England (PHE) provides guidance and has the latest information on vaccines and immunisation procedures for all the vaccine preventable diseases that may occur in the UK. This service specification must be read in conjunction with the core immunisation service specification, the online version of the Green Book, and all relevant guidance from PHE, NHS England and the Department of Health and additional evidence, guidance and literature issued by the Joint Committee on Vaccination and Immunisation (JCVI) <https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>
- 1.4. This service specification is not designed to replicate, duplicate or supersede any relevant legislative provisions that may apply, e.g. the Health and Social Care Act 2012. The specification will be reviewed annually and amended in line with any new recommendations or guidance, and in line with reviews of the Section 7A agreement.

2. Population needs

Background

- 2.1. The shingles vaccination reduces the number of cases of shingles and its associated sequelae including post herpetic neuralgia (PHN). PHN can last up to six months or in some cases years and in the most severe cases is only partially treatable even with strong painkillers. About a quarter of adults will get shingles at some point in their life and in some severe cases people may die from complications arising from shingles.

Shingles

- 2.2. Shingles is caused by the reactivation of the chicken pox virus in a person previously infected with chicken pox. It is not known what causes the virus to reactivate but is usually associated with conditions that can depress the immune system such as immunosuppressive therapy, HIV infection and older age. The incidence of shingles increases with age. In the UK this is estimated to be around 790 to 880 cases per 100,000 people per year for people aged 70-79.
- 2.3. The first sign of shingles is usually pain in the area of the affected nerve – most commonly in the chest. A rash of vesicles (fluid filled blisters) then appears, typically on one side of the body. The affected area is often intensely painful, with tickling, pricking or numbness of the skin, increasing in severity with advancing age.
- 2.4. JCVI reviewed medical, epidemiological and economic evidence as well as vaccine safety and efficacy data relevant to the shingles programme. It recommended that people aged 70 years and up to and including those aged 79 should be vaccinated provided that a licensed vaccine was available at a cost effective price. JCVI recommendation on shingles vaccination (29 March 2010):
http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/ab/JCVI/DH_094744

Shingles – key details

- 2.5. The key details are that:
 - an estimated 30,000 cases of shingles occurs in older people aged 70-79 in England and Wales each year;
 - JCVI recommended that it would be most cost effective to vaccinate those aged 70 years with a catch up programme for those aged up to and including 79 years;
 - adults should receive a single dose;

- one dose of a shingles vaccine reduced the incidence of shingles by 38% in a group of 17,775 people aged 70 years and older. In the vaccinees that developed shingles, the vaccine significantly reduced the burden of illness by 55%.

3. Scope

Aims

- 3.1. The aim of the shingles vaccination programme is to reduce the number of shingles cases in this age group and its associated sequelae.

Direct health outcomes

- 3.2. In the context of health outcomes the shingles vaccine programme aims to:
- reduce the number of cases of shingles and associated sequelae;
 - achieve timely vaccination and high coverage across all groups identified;
 - minimise adverse physical/psychological/clinical aspects of immunisation (e.g. anxiety, adverse reactions).

Vaccine coverage

- 3.3. Local services should aim to make shingles immunisation available for 100% of the eligible group (see Section 4.2 “Target Population” below) in accordance with the Green Book and other official DH, PHE and NHS England guidance. This includes performance indicators and key deliverables that are set out in Annex B of the NHS Public Health Functions Agreement (Section 7A) for 2016-2017.

4. Service description / care pathway

Local service delivery

- 4.1. The delivery of immunisation services at the local level is based on evolving best practice. This section of the document specifies the high-level operational elements of the shingles vaccine programme, which can be delivered in a variety of health care settings, based on best practice that NHS England must use to inform local commissioning, contracts and service delivery. There is also scope to enable NHS England and providers to enhance and build on specifications to incorporate national or local service aspirations that may include local innovation in service delivery. It is essential, in order to promote a nationally aligned, high-quality programme focusing on improved outcomes, increasing coverage and local take-up that all the core elements as set out in the core service specification are included in contracts and specifications.

Target population

- 4.2. Providers will be required to make the shingles vaccine available to:
- those aged 70 on the 1st September 2016;
 - those aged 78 on the 1st September 2016;
 - those aged 70 on 1 September 2013 who were not vaccinated in either 13/14, 14/15 or 15/16 will remain eligible until their 80th Birthday;
 - those aged 70 on 1 September 2014 who were not vaccinated in 14/15 or 15/16 will remain eligible until their 80th Birthday;
 - those aged 70 on 1 September 2015 who were not vaccinated in 15/16 will remain eligible until their 80th birthday;
 - those aged 78 on the 1st September 2015 who were not vaccinated in 14/15 will remain eligible until their 80th birthday.

Vaccine schedule

- 4.3. A single dose of shingles vaccine should be administered.

Vaccine ordering

- 4.4. All centrally procured vaccines, to be used only for the delivery of the programme to the target groups detailed above, must be ordered via the ImmForm online ordering system, details of which are given in the core immunisation specification.