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Shingles (Shingrix®) Herpes Zoster Vaccine Patient Group Direction (PGD)

This PGD is for the administration of Shingrix® herpes zoster vaccine (recombinant, adjuvanted), for the prevention of herpes zoster ('zoster' or shingles) and herpes zoster-related post-herpetic neuralgia (PHN), to individuals who are eligible for the national shingles immunisation programme.

This PGD is for the administration of Shingrix® by registered healthcare practitioners identified in [section 3](#), subject to any limitations to authorisation detailed in [section 2](#).

Reference no: Shingles (Shingrix®) PGD
Version no: v3.0
Valid from: 1 September 2025
Review date: 29 February 2028
Expiry date: 31 August 2028

The UK Health Security Agency (UKHSA) has developed this PGD to facilitate the delivery of publicly-funded immunisation in England in line with national recommendations.

Those using this PGD must ensure that it is organisationally authorised and signed in Section 2 by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)¹. **The PGD is not legal or valid without signed authorisation in accordance with [HMR2012 Schedule 16 Part 2](#).**

Authorising organisations must not alter, amend or add to the clinical content of this document (sections 4, 5 and 6); such action will invalidate the clinical sign-off with which it is provided. In addition, authorising organisations must not alter Section 3 (Characteristics of staff). **Sections 2 and 7 can be amended within the designated editable fields provided, but only for the purposes for which these sections are provided, namely the responsibilities and governance arrangements of the NHS organisation using the PGD. The fields in section 2 and 7 cannot be used to alter, amend or add to the clinical content. Such action will invalidate the UKHSA clinical content authorisation which is provided in accordance with the regulations.**

Operation of this PGD is the responsibility of commissioners and service providers. The final authorised copy of this PGD should be kept by the authorising organisation completing Section 2 for 8 years after the PGD expires as the PGD relates to adults only. Provider organisations adopting authorised versions of this PGD should also retain copies for 8 years.

Individual practitioners must be authorised by name, under the current version of this PGD before working according to it.

Practitioners and organisations must check that they are using the current version of the PGD. Amendments may become necessary prior to the published expiry date. Current versions of UKHSA PGD templates for authorisation can be found from: [Immunisation patient group direction \(PGD\) templates](#)

¹ This includes any relevant amendments to legislation

Any concerns regarding the content of this PGD should be addressed to:
immunisation@ukhsa.gov.uk

Enquiries relating to the availability of organisationally authorised PGDs and subsequent versions of this PGD should be directed to: england.londonimms@nhs.net

Change history

Version number	Change details	Date
v1.0	New Shingrix® Herpes Zoster Vaccine PGD.	22 August 2021
v2.0	Shingrix® Herpes Zoster Vaccine PGD amended to include: • addition of new eligibility cohorts to reflect policy change, effective as of 1 September 2023 (see Appendix 1 for summary). • clarification of co-administration of Shingrix® with adjuvanted influenza vaccine.	14 July 2023
v3.0	Shingles (Shingrix®) Herpes Zoster Vaccine PGD amended to include: • the addition of new eligibility cohorts, reflecting policy change effective as of 1 September 2025 • an emphasis that eligible individuals with severe immunosuppression includes those who are due to commence treatment imminently • an emphasis on the minimum recommended intervals between Shingrix® doses in England and appropriate action to take when shorter intervals are required • remove references to Zostavax®, which was no longer in use in the UK beyond 31 October 2024 • an exception to repeat shingles vaccination for individuals who become severely immunosuppressed subsequent to having been immunised with Zostavax® in the past • registered healthcare professionals named in both the GP Additional Roles Reimbursement Scheme (ARRS) and HMR2012, namely dieticians, occupational therapists, pharmacy technicians and podiatrists • updated written information for individuals and carers • updated Appendix A • minor formatting and other revisions to bring this PGD template in line with other UKHSA PGDs	22 July 2025

1. PGD development

This PGD has been developed by the following health professionals on behalf of UKHSA:

Developed by:	Name	Signature	Date
Pharmacist (Lead author)	Christina Wilson Lead Pharmacist, Immunisation Programmes Division, UKHSA		21 July 2025
Doctor	Dr Gayatri Amirthalingam Deputy Director of Public Health Programmes and Consultant Epidemiologist, Immunisation and Vaccine Preventable Diseases Division, UKHSA		21 July 2025
Registered Nurse (Chair of Expert Panel)	David Green Nurse Consultant, Immunisation Programmes Division, UKHSA		21 July 2025

This PGD has been peer reviewed by the UKHSA Immunisations PGD Expert Panel in accordance with the UKHSA PGD and Protocol Policy. It has been ratified by the UKHSA Medicines Governance Committee

Expert Panel

Name	Designation
Dr Nicholas Aigbogun	Consultant in Communicable Disease Control, Yorkshire and Humber Health Protection Team, UKHSA
Jessica Baldasera	Health Protection Practitioner, North East Health Protection Team, Regions Directorate, UKHSA
Helen Beynon	Clinical Advisor, Immunisation Clinical Advice Response Service (CARS), NHSE London
Alison Campbell	Screening and Immunisation Coordinator, Clinical, NHSE Midlands
Naveen Dosanjh	Senior Clinical Advisor – Vaccinations, NHS England
Rosie Furner	Advanced Specialist Pharmacist, Medicines Governance (Patient Group Directions and Medicines Mechanisms), NHS Specialist Pharmacy Service
Ed Gardner	Advanced Paramedic Practitioner / Emergency Care Practitioner, Medicines Manager, Proactive Care Lead, Southbourne Surgery
Shilan Ghafoor	Medicines Governance Pharmacist, Medicines Governance, UKHSA
Michelle Jones	Principal Medicines Optimisation Pharmacist, Bristol North Somerset and South Gloucestershire Integrated Care Board
Elizabeth Lockett	Senior Screening and Immunisation Manager, Screening and Immunisation Team – Kent and Medway, NHSE South East
Dr Vanessa MacGregor	Consultant in Communicable Disease Control, East Midlands Health Protection Team, UKHSA
Lesley McFarlane	Lead Immunisation Nurse Specialist, Immunisation Programmes Division, UKHSA
Briony Mason	Vaccination Manager and Professional Midwifery Advocate, Vaccination and Screening, NHSE West Midlands
Tushar Shah	Lead Pharmacy Adviser, NHSE London

2. Organisational authorisations

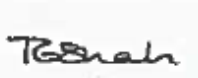
This PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

NHS England – London authorises this PGD for use by the services or providers listed below:

Authorised for use by the following organisations and/or services
This PGD must only be used by specified registered healthcare professionals working for providers that are directly commissioned by NHS England - London, or who are administering vaccinations as part of a national immunisation programme, and who have been named and authorised to practice under it.
Limitations to authorisation
None

Organisational approval (legal requirement)			
Role	Name	Sign	Date
Chief Nurse, NHS England – London	Karen Bonner		24/07/2025

Additional signatories according to locally agreed policy			
Role	Name	Sign	Date
Director of Nursing, NHS England – London	Gwen Kennedy		23/07/2025
Lead Pharmacy Adviser, NHS England – London	Tushar Shah		23/07/2025

Local enquiries regarding the use of this PGD may be directed england.londonimms@nhs.net

[Section 7](#) provides a practitioner authorisation sheet. Individual practitioners must be authorised by name to work to this PGD. Alternative practitioner authorisation sheets may be used where appropriate in accordance with local policy but this should be an individual agreement or a multiple practitioner authorisation sheet as included at the end of this PGD.

3. Characteristics of staff

Qualifications and professional registration	All practitioners should only administer vaccinations where it is within their clinical scope of practice to do so. Practitioners must also fulfil the additional requirements and continued training requirements to ensure their competency is up to date, as outlined in the sections below. Practitioners working to this PGD must also be one of the following registered professionals who can legally supply and administer under a PGD: • nurses and midwives currently registered with the Nursing and Midwifery Council (NMC) • pharmacists and pharmacy technicians currently registered with the General Pharmaceutical Council (GPhC) (Note: This PGD is not relevant to privately provided community pharmacy services) • dietitians, occupational therapists, paramedics, physiotherapists and podiatrists currently registered with the Health and Care Professions Council (HCPC) Check section 2 (Limitations to authorisation) to confirm whether all practitioners listed above have organisational authorisation to work under this PGD.
Additional requirements	Additionally, practitioners: • must be authorised by name as an approved practitioner under the current terms of this PGD before working to it • must have undertaken appropriate training for working under PGDs for supply/administration of medicines • must be competent in the use of PGDs (see NICE Competency framework for healthcare professionals using PGDs) • must be familiar with the vaccine product and alert to changes in the Summary of Product Characteristics (SPC), Immunisation Against Infectious Disease (the Green Book), and national and local immunisation programmes • must have undertaken training appropriate to this PGD as required by local policy and in line with the National Minimum Standards and Core Curriculum for Immunisation Training • must be competent to undertake immunisation and to discuss issues related to immunisation • must be competent in the handling and storage of vaccines, and management of the cold chain • must be competent in the appropriate administration method for the vaccine listed in this PGD • must be competent in the recognition and management of anaphylaxis • must have access to the PGD and associated online resources • should fulfil any additional requirements defined by local policy Individual practitioners must be authorised by name, under the current version of this PGD before working according to it.
Continued training requirements (continued over page)	Practitioners must ensure they are up to date with relevant issues and clinical skills relating to immunisation and management of anaphylaxis, with evidence of appropriate Continued Professional Development (CPD). Practitioners should be constantly alert to any subsequent recommendations from UKHSA, NHS England and other sources of medicines information.

Continued training requirements (continued)	Note: The most current national recommendations should be followed, but a Patient Specific Direction (PSD) may be required to administer the vaccine in line with updated recommendations that are outside the criteria specified in this PGD.
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4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	Shingrix® Herpes Zoster Vaccine (recombinant, adjuvanted) is indicated for the prevention of herpes zoster ('zoster' or shingles) and herpes zoster-related post-herpetic neuralgia (PHN) for adults who are eligible for the national shingles immunisation programme in accordance with the recommendations given in Chapter 28a of Immunisation Against Infectious Disease: the Green Book.
Criteria for inclusion	Immunocompetent individuals who: - reach the age of 65 or 70 years of age during the period 1 September 2023 and 31 August 2028. These individuals should be vaccinated on or after (but not before) their 65th or 70th birthday - are aged between 70 years and 79 years old on or before 31 August 2023 and have never received a shingles vaccine - are currently aged 80 years, but received a first dose of Shingrix® before turning 80 years old and require a second Shingrix® dose to complete the course before their 81st birthday Severely immunosuppressed² individuals from 1 September 2025, who: - are aged 18 years and above, and meet the definition of severe immunosuppression in the Box in Chapter 28a. This includes individuals due to commence therapy. Note there is no upper age limit See Appendix 1 for further information on cohort eligibility
Criteria for exclusion³ (continued over page)	Individuals for whom no valid consent has been received (or for whom a best-interests decision in accordance with the Mental Capacity Act 2005, has not been obtained). For further information on consent, see Chapter 2 of the Green Book. Several resources are available to inform consent (see written information to be given to individual or carer section). Immunocompetent individuals on or after 1 September 2023 who: - have not yet reached their 65th birthday - are between 65 to 69 years of age but reached their 65th birthday on or before 31 August 2023; these individuals must wait until they reach their 70th birthday - are 80 years of age or over (except those who have received a partial course of Shingrix® who can receive a second dose to complete the course before their 81st birthday) All individuals who: - have had a confirmed anaphylactic reaction to a previous dose of varicella-containing vaccine or to any other component of the shingles vaccine - are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation) - have shingles infection with active lesions - are pregnant - have already received one dose of Zostavax® or 2 doses of Shingrix® prior to assessment. An exception is in place for individuals previously immunised with Zostavax® who subsequently become immunosuppressed (see special considerations and additional information section) - have received a dose of Shingrix® in the last 8 weeks

² Immunocompromised individuals in this PGD, are those defined as severely immunosuppressed, as outlined in the Box in [Chapter 28a](#)

³ Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required

Action to be taken if the individual is excluded (continued)	Health Protection Team or the individual's clinician as deemed appropriate. The risk to the individual of not being vaccinated must be taken into account. Document the reason for exclusion and any action taken in the individual's clinical records. Inform or refer to the individual's GP or a prescriber as appropriate.
Action to be taken if the individual or carer declines treatment	Informed consent, from the individual or a person legally able to act on the individual's behalf, must be obtained prior to administration. Advise the individual or carer about the protective effects of the vaccine, the risks of infection and potential complications. Document advice given and the decision reached. Inform or refer to the individual's GP or a prescriber as appropriate.
Arrangements for referral for medical advice	As per local policy

5. Description of treatment

Name, strength and formulation of drug	Herpes zoster vaccine (recombinant, adjuvanted): Shingrix®, powder and suspension for suspension for injection. After reconstitution, one dose (0.5ml) of Shingrix® contains varicella zoster virus glycoprotein E antigen 50 micrograms, adjuvanted with AS01_B.
Legal category	Prescription only medicine (POM).
Black triangle	No.
Off-label use	The Shingrix® SPC advises an interval of 2 months between doses, which may be extended to between 2 and 6 months if flexibility is required. For individuals who are or about to become severely immunosuppressed and who might benefit from a shorter vaccination schedule, a one to 2 month interval between doses may be observed. The dose intervals advised in the Green Book and subsequently in this PGD are different to that outlined above; between 6 and 12 months for immunocompetent individuals and 8 weeks to 6 months for severely immunosuppressed individuals. Vaccine should be stored according to the conditions detailed in the storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions, refer to Vaccine Incident Guidance. Where vaccine is assessed in accordance with these guidelines as appropriate for continued use this would constitute off-label administration under this PGD. Where a vaccine is recommended off-label, consider as part of the consent process, informing the individual or carer that the vaccine is being offered in accordance with national guidance but outside of product licence.
Route and method of administration	Shingrix® must be reconstituted in accordance with the manufacturer's instructions prior to administration. Following reconstitution, Shingrix® vaccine is given by intramuscular injection, preferably into the deltoid muscle of the upper arm. When administering at the same time as other vaccines, care should be taken to ensure that the appropriate route of injection is used for all the vaccinations. The vaccines should be given at separate sites, preferably into different limbs. If given into the same limb, they should be given at least 2.5cm apart. The site at which each vaccine was given should be noted in the individual's records. Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a clinician familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. Individuals on stable anticoagulation therapy, including individuals on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can be vaccinated via the intramuscular route. If the individual receives medication or other treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication or treatment is administered. A fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. The individual or carer should be informed about the risk of haematoma from the injection. Subcutaneous administration is not recommended. Maladministration via the subcutaneous route may lead to an increase in transient local reactions.

Route and method of administration (continued)	The vaccine should be visually inspected for foreign particulate matter and other variation of expected appearance before preparation and administration. Should either occur, do not administer the dose and discard the vaccine in accordance with local procedures. The reconstituted vaccine is an opalescent, colourless to pale brownish liquid. After reconstitution, the vaccine should be used promptly (see storage section). The vaccine SPC provides further guidance on preparation and administration.
Dose and frequency of administration	Single 0.5ml dose per administration. If the course is interrupted or delayed, it should be resumed as soon as possible, but not repeated. Eligible immunocompetent individuals 2 doses of Shingrix®, with the second dose given 6 to 12 months after the first dose. Severely immunosuppressed individuals (includes stem cell transplant recipients): 2 doses of Shingrix®, with the second dose given 8 weeks to 6 months after the first dose Severely immunosuppressed individuals who have already received 2 doses of Shingrix® do not require revaccination. See special considerations and additional information for managing individuals who subsequently become immunosuppressed after completing the shingles vaccine course.
Duration of treatment	A 2 dose course (see dose and frequency of administration)
Quantity to be supplied and administered	Single 0.5ml dose per administration.
Supplies	Centrally purchased vaccines for the national immunisation programme can only be ordered via ImmForm and are provided free of charge. Protocols for the ordering, storage and handling of vaccines should be followed to prevent vaccine wastage (see Green Book Chapter 3).
Storage	Store between +2°C to +8°C. Store in original packaging in order to protect from light. Do not freeze. Once reconstituted, any unused vaccine should be stored in a refrigerator at +2°C to +8°C if not immediately required. Though chemical and physical in-use stability has been demonstrated for 24 hours at +30°C, from a microbiological viewpoint, the reconstituted vaccine should be used as soon as possible. Any remaining vaccine should be discarded 6 hours following reconstitution. In the event of an inadvertent or unavoidable deviation of these conditions, vaccine that has been stored outside the conditions stated above should be quarantined and risk assessed on a case-by-case basis for suitability of continued off-label use or appropriate disposal. Refer to Vaccine Incident Guidance. Contact the vaccine manufacturer where more specific advice is required about managing a temperature excursion.
Disposal (continued over page)	Follow local clinical waste policy and NHS standard operating procedures to ensure safe and secure waste disposal. Equipment used for immunisation, including used vials, ampoules, or discharged vaccines in a syringe or applicator, should be disposed of safely in a UN-approved puncture-resistant sharps box, according to

Disposal (continued)	local waste disposal arrangements and NHS England guidance (HTM 07-01: safe and sustainable management of healthcare waste).
Drug interactions	The immunological response may be diminished in individuals receiving immunosuppressant treatment. Vaccination is recommended even if the antibody response may be limited. See the additional information section for information on co-administration with other vaccines. A detailed list of drug interactions is available in the SPC.
Identification and management of adverse reactions	The most common adverse reactions observed after administration of Shingrix® are injection-site reactions (such as pain, redness and swelling) myalgia and headache. Most of these reactions are not long-lasting (median duration of 2 to 3 days). Other very common side-effects include gastrointestinal symptoms (including nausea, vomiting, diarrhoea and abdominal pain), chills and fever. In the event of a person developing a varicella (widespread) or shingles-like (dermatomal) rash post-Shingrix® vaccination, a vesicle fluid sample should be sent for analysis, to confirm the diagnosis and determine whether the rash is vaccine-associated or wild-type (see Chapter 28a). A detailed list of adverse reactions is available in the SPC.
Reporting procedure of adverse reactions	Healthcare professionals, individuals and carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme or by searching for MHRA Yellow Card in the Google Play or Apple App Store. Any adverse reaction to the vaccine should be documented in the individual's record and the individual's GP should be informed.
Written information to be given to patient or carer	Offer the marketing authorisation holder's patient information leaflet (PIL) provided with the vaccine. Immunisation promotional material may be provided as appropriate. Shingles vaccination guide Shingles easy-read leaflet For resources in accessible formats and alternative languages, please visit Home-Health Publications. Where applicable, inform the individual or carer that large print, Braille or audio CD PILs may be available from emc accessibility (freephone 0800 198 5000) by providing the medicine name and product code number, as listed on the SPC.
Advice and follow-up treatment	Inform the individual or carer of possible side effects and their management. Give advice regarding normal reactions to the injection, for example redness and pain at the injection site. The individual or carer should be advised to seek medical advice in the event of a severe adverse reaction and report this via the Yellow Card Scheme. When administration is postponed, advise the individual or carer when to return for vaccination with due consideration of the individual's age to ensure they will meet the inclusion criteria for immunisation. If vaccination cannot be commenced before an immunocompetent individual is 80 years old, explain why vaccination will no longer be indicated (there is no upper age limit for severely immunocompromised individuals). Individuals should be advised to seek medical attention if they develop a varicella (widespread) or shingles-like (dermatomal) rash post-Shingrix® vaccination.

Special considerations and additional information	Ensure there is immediate access to adrenaline (epinephrine) 1 in 1000 injection and easy access to a telephone at the time of vaccination. Dosing intervals Chapter 28a advises a minimum interval of 8 weeks between doses for individuals. For operational reasons, a recommended interval of 6 months between doses is in place for immunocompetent individuals. This PGD cannot be used to administer Shingrix® to immunocompetent individuals at an interval of less than 6 months. Individuals anticipated to commence immunosuppressive treatment should ideally be assessed before starting treatment. The first dose of Shingrix® should be given at least 2 weeks before treatment starts, though one month prior is preferred. If immunosuppressive treatment is subsequently commenced after the first dose of Shingrix® is given, the second dose may be given 8 weeks to 6 months later. Administration with other vaccines Shingrix® can be given at the same time as unadjuvanted inactivated influenza vaccines or 23-valent pneumococcal vaccine (PPV23). The vaccines should be administered at different injection sites. The adverse reactions of fever and shivering are more frequent when PPV23 vaccine is co-administered with Shingrix®. Whilst clinical data on co-administration of the 20-valent pneumococcal conjugate vaccine (PCV20) and Shingrix® is limited, both vaccines may be given together. The individual should be made aware that side effects may be more potentiated. In line with general advice about co-administration of inactivated vaccines, Shingrix® can be given concomitantly with inactivated influenza vaccines. Initially, a 7 day interval was recommended between Shingrix® and adjuvanted influenza vaccine because the potential reactogenicity from 2 adjuvanted vaccines may reduce tolerability in those being vaccinated. Interim data from a US study on co-administration of Shingrix® with adjuvanted seasonal influenza vaccine is reassuring. Therefore, an appointment for administration of the seasonal influenza vaccine can be an opportunity to also provide shingles vaccine, although the latter should be offered all year round, rather than purely as a seasonal programme. A 7 day gap between administration of Shingrix® and COVID-19 vaccine is no longer required. As Shingrix® is an inactivated vaccine, where individuals in an eligible cohort present having received another inactivated or live vaccine, Shingrix® vaccination should still be considered. In most cases, vaccination should proceed to avoid any further delay in protection and to avoid the risk of the individual not returning for a later appointment. In such circumstances, individuals should be informed about the likely timing of potential adverse events relating to each vaccine. Individuals who subsequently become immunosuppressed after completing a shingles vaccine course Most individuals who have been previously vaccinated with either one dose of Zostavax® or 2 doses of Shingrix® do not require a repeat course of Shingrix®. A clinical exception is in place for individuals who become severely immunosuppressed subsequent to receiving a dose of Zostavax®. In line with the inclusion criteria, a 2 dose course of Shingrix® should be offered to these individuals. The need for booster doses of Shingrix® has not yet been determined, so a repeat course of Shingrix® should not be offered where such individuals have already completed a Shingrix® course (see Chapter 28a).
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Records	The practitioner must ensure the following is recorded: • that valid informed consent was given, or a decision to vaccinate was made in the individual's best interests in accordance with the Mental Capacity Act 2005 • name of individual, address, date of birth and GP with whom the individual is registered • name of immuniser • name and brand of vaccine • date of administration • dose, form and route of administration of vaccine • quantity administered • batch number and expiry date • anatomical site of vaccination • advice given, including advice given if the individual is excluded or declines immunisation • details of any adverse drug reactions and actions taken • supplied via PGD Records should be signed and dated (or password-controlled on e-records). All records should be clear, legible and contemporaneous. This information should be recorded in the individual's GP record and any other appropriate medical records, such as care or nursing records. When the vaccine has been administered to individuals under 19 years of age, notify the local Child Health Information Service (CHIS) using the appropriate documentation or pathway as required by any local or contractual agreement. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.
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6. Key references

Key references	Shingles • Shingrix® Summary of Product Characteristics. GlaxoSmithKline UK, updated 3 March 2025 https://www.medicines.org.uk/emc/product/12054/smpc • Immunisation Against Infectious Disease: The Green Book, Chapter 28a, updated July 2023 https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book • DHSC: JCVI statement on the shingles (herpes zoster) vaccination programme, published 13 November 2024 https://www.gov.uk/government/publications/shingles-herpes-zoster-vaccination-programme-jcvi-statement-november-2024/jcvi-statement-on-the-shingles-herpes-zoster-vaccination-programme#expansion-of-eligibility-immunosuppressed-people • Shingles: Guidance and Vaccination Programme. Updated 4 July 2023. https://www.gov.uk/government/collections/shingles-vaccination-programme • UKHSA: Vaccination against shingles- information for healthcare practitioners, updated 6 July 2023 https://www.gov.uk/government/publications/shingles-vaccination-guidance-for-healthcare-professionals General • NHSE Health Technical Memorandum 07-01: safe and sustainable management of healthcare waste, updated 7 March 2023 https://www.england.nhs.uk/publication/management-and-disposal-of-healthcare-waste-hm-07-01 • National Minimum Standards and Core Curriculum for Immunisation Training, published 7 February 2018 https://www.gov.uk/government/publications/national-minimum-standards-and-core-curriculum-for-immunisation-training-for-registered-healthcare-practitioners • NICE Medicines Practice Guideline 2 (MPG2): Patient Group Directions, last updated 27 March 2017 https://www.nice.org.uk/guidance/mpg2 • NICE MPG2 Patient group directions: competency framework for health professionals using patient group directions, updated 4 January 2018 https://www.nice.org.uk/guidance/mpg2/resources • UKHSA Immunisation Collection. https://www.gov.uk/government/collections/immunisation • Vaccine Incident Guidance: responding to errors in vaccination storage, handling and administration, updated 7 July 2022 https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors
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7. Practitioner authorisation sheet

Shingles (Shingrix®) PGD v3.0 Valid from: 1 September 2025 Expiry: 31 August 2028

Before signing this PGD, check that the document has had the necessary authorisations in section 2. Without these, this PGD is not lawfully valid.

Practitioner

By signing this PGD, you are indicating that you agree to its contents and that you will work within it.

PGDs do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this PGD and that I am willing and competent to work to it within my professional code of conduct.			
Name	Designation	Signature	Date

Authorising manager

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of the following named organisation..... for the above named health care professionals who have signed the PGD to work under it.			
Name	Designation	Signature	Date

Note to authorising manager

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this PGD.

Appendix 1: Immunocompetent patients and phased implementation of Shingrix® during Stage 1 (1 September 2023 to 31 August 2028)

Implementation stage	Age attained (years) within first programme year (1 Sept 2023 to 31 Aug 2024)	Dates of birth	Programme year offered		Age offered at
Previously eligible cohorts:	70 to 79	before 1 Sept 1953	those in the cohort previously eligible for the Zostavax® programme prior to 1 Sept 2023 remain eligible for Shingrix® up to their 80 th birthday. Completing doses must be given before the individual's 81 st birthday		
Individuals reaching the age of 70 between 1 September 2023 and 31 August 2028	70	1 Sept 1953 to 31 Aug 1954	Year 1	1 Sept 2023 to 31 Aug 2024	70
	69	1 Sept 1954 to 31 Aug 1955	Year 2	1 Sept 2024 to 31 Aug 2025	70
	68	1 Sept 1955 to 31 Aug 1956	Year 3	1 Sept 2025 to 31 Aug 2026	70
	67	1 Sept 1956 to 31 Aug 1957	Year 4	1 Sept 2026 to 31 Aug 2027	70
	66	1 Sept 1957 to 31 Aug 1958	Year 5	1 Sept 2027 to 31 Aug 2028	70
Individuals reaching the age of 65 between 1 September 2023 and 31 August 2028	65	1 Sept 1958 to 31 Aug 1959	Year 1	1 Sept 2023 to 31 Aug 2024	65
	64	1 Sept 1959 to 31 Aug 1960	Year 2	1 Sept 2024 to 31 Aug 2025	65
	63	1 Sept 1960 to 31 Aug 1961	Year 3	1 Sept 2025 to 31 Aug 2026	65
	62	1 Sept 1961 to 31 Aug 1962	Year 4	1 Sept 2026 to 31 Aug 2027	65
	61	1 Sept 1962 to 31 Aug 1963	Year 5	1 Sept 2027 to 31 Aug 2028	65