



Adult Vaccination Programmes

Toolkit for improving uptake 2023/24

NHS England South West Public Health

Aim of this toolkit

This toolkit has been prepared to support the effective delivery of routine adult immunisations delivered in Primary Care

Shingles affects 1 in 4 people and predominantly those who are over 70. However uptake rates of the shingles vaccine are falling in the South West and in England.

Invasive Pneumococcal Disease (IPD) is a major cause of morbidity and mortality and can affect anyone, however, it is more common in the very young, the elderly and those with impaired immunity or chronic conditions. There were more than 5,000 confirmed cases reported in England and Wales (2016/2017).

The Covid-19 pandemic disrupted the delivery of the Pneumococcal and shingles vaccination programmes and therefore improving uptake is a key focus.

The purpose of this toolkit is to help you in your practice to better protect your patients by suggesting ways to improve uptake of the shingles and pneumococcal vaccines. These suggestions are based on best practice and evidence and have been shown to work with little or no cost to your practice.

We are always looking for ways to capture best practice so if you have any suggestions you think we should include in future updates of this toolkit, please email england.swscreeningandimms@nhs.net



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Shingles

Shingles

What is Shingles?

Shingles, also known as herpes zoster, is caused by the reactivation of a latent varicella zoster virus (VZV) infection. Primary VZV infection manifests as chickenpox, a highly contagious condition that is characterised by an itchy, vesicular rash. Following this initial infection, the virus enters the dorsal root ganglia and remains there as a permanent, dormant infection.

Reactivation of this latent VZV infection, generally occurring decades later, causes shingles. There is no cure for shingles and normally painkillers are provided to relieve symptoms.

The Shingles Vaccination

Zostavax® and Shingrix® are currently the shingles vaccines used in the UK:

- a single dose of live vaccine Zostavax is offered to everyone from 70 to 79 years of age (unless contraindicated due to underlying medical condition or immunosuppressive treatment)
- a 2-dose schedule Shingrix is available for individuals 70 to 79 years of age who are clinically contraindicated to receive Zostavax

Post-Herpetic Neuralgia

Post-herpetic neuralgia (PHN) is persistent pain at the site of the shingles infection that extends beyond the period of the rash. It usually lasts from three to six months, but can persist for longer.

PHN occurs when the reactivated virus causes damage to nerve fibres. The resultant intractable pain can severely limit the ability to carry out daily activities, and PHN is therefore a debilitating condition that can significantly impair quality of life. PHN does not respond to painkillers such as paracetamol or ibuprofen, so is extremely difficult to treat and may result in hospitalisation. There is no cure. **The most effective method of preventing PHN is the shingles vaccination.**



Incidence

Approximately 1 in 4 people will develop shingles during their lifetime. Both the incidence and the severity of the condition increases with age. Older individuals are also more likely to develop secondary complications, such as bacterial skin infections and post-herpetic neuralgia (intractable pain).

The Green Book cites that the mortality from shingles infection in the over 70s is 1/1000.

Vaccination Programme and co-administration with influenza and covid vaccines

All eligible patients should be offered the shingles vaccination by their GP all year round.

Zostavax and Shingrix can be given concomitantly with Covid-19 vaccination and inactivated influenza vaccination (Shingrix vaccine should not be given at the same time as the adjuvanted influenza vaccine).

Shingles

More than **50,000** cases of shingles occur in the over 70s every year in England and Wales



In this age group, around **1 in 1000** cases results in death



Symptoms include: rashes or blisters on **one side** of the body, burning or **shooting pain**, itching, fever, **fatigue** or headache



On average, cases last **3 to 5 weeks**. Most people only get shingles once, but you can get it more than once



Almost **30%** of individuals develop a painful complication called **Post Herpetic Neuralgia (PHN)**. Generally, this pain continues for **3 to 6 months**, but it can last even longer

The risk of shingles is higher in those with conditions such as **diabetes or rheumatoid arthritis**



Identifying eligible patients for shingles vaccine

Who is eligible?

Individuals become eligible for vaccination against shingles when they turn 70 years of age, and those aged up to and including 79 years are now eligible to receive the vaccine until they turn 80 years of age.

Practice checklist:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1022402/UKHSA_12144_A4_shingles_checklist.pdf

Since patients effectively move in and out of eligibility (i.e. by turning 70 and then by turning 80), practices need to review their eligible patients regularly, and ensure newly eligible patients are contacted to make them aware of their eligibility.

The links below are useful to enable you to identify eligible patients:

- E-learning: <https://www.e-lfh.org.uk/programmes/immunisation/>
- Shingles, green book, chapter 28a: <https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a>
- Shingles PGD: <https://www.gov.uk/government/publications/shingles-vaccine-zostavax-patient-group-direction-pgd-template> and <https://www.gov.uk/government/publications/shingles-vaccine-shingrix-patient-group-direction-pgd-template>
- Vaccination against shingles Information for healthcare practitioners https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1052155/Shingles-vaccination-HCP-guidance.pdf
- Training resources for Zostavax <https://www.msdcconnect.co.uk/training-and-resources/zostavax/> and Shingrix: <https://gskpro.com/en-gb/products/shingrix/vaccinate-with-shingrix/>
- Shingles poster: <https://www.gov.uk/government/publications/shingles-vaccination-eligibility-poster>



Patients often are not aware they are eligible, and therefore it is important the practice identifies and invites eligible patients.

Contra-indications

Contra-indications

There are a number of contra-indications for the Zostavax vaccination but these persons may be eligible for Shingrix.

Pages 9-12 of the Shingles chapter in the Green Book should be referred to <https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a>

Further training resources:

Training resources for Zostavax <https://www.msconnect.co.uk/training-and-resources/zostavax/>

Training resources for Shingrix: <https://gskpro.com/en-gb/products/shingrix/vaccinate-with-shingrix/>



Inviting and informing patients

Vaccination offer

Practices are contracted to actively call all those age 70 for their shingles vaccine and actively call for those who are immunocompromised age 70-80 and now eligible for Shingrix

To maximise safety and efficiency, it is worth pre-screening patients in the correct age band prior to inviting in order to ensure patients are not inadvertently recalled that have contraindications to receiving the vaccination.

Phone your patients

General awareness of the vaccination and the seriousness of infection are poor. A personal telephone call is often all it takes to encourage a patient to book an immunisation appointment. The call should therefore be undertaken by someone who is well briefed on what the shingles vaccination can offer patients.

A 2005 Cochrane review found that patient recall systems can improve vaccination rates by up to 20%: telephone calls were the most effective method.

Text or write to patients

Sending a Shingles Birthday card or letter may help encourage patients to attend. Letters should be personal and from the named GP. MSD provide free shingles birthday cards at: <http://msdvaccines.medisa.com> Send an NHS information leaflet alongside the invitation letter to ensure that patients are given sufficient information to reach an informed decision about shingles vaccination: <https://www.gov.uk/government/publications/shingles-vaccination-for-adults-aged-70-or-79-years-of-age-a5-leaflet>

Sending text or email reminders is a cheap and easy method of improving appointment attendance. For patients who do not have mobile phones or email, letters and telephone calls should be used.

Publicise shingles in your surgery and online

Some examples of easy publicity approaches include:

- a) Display bunting, leaflets, and posters around the surgery and in clinic rooms
- b) Add messages to the waiting room TV screen (a short animation is available at: <https://www.healthpublications.gov.uk/ViewArticle.html?sp=Sshinglesvaccineallyearround>)
- c) Advertise on the practice website:
 - a) A banner is available to download here: <https://www.healthpublications.gov.uk/ViewArticle.html?sp=Sshinglesvaccinationforadultsaged7078or79yearsofage-42>
 - b) Feature a link to the ShinglesAware website with information about Shingles: <https://www.shinglesaware.co.uk/>
- d) Add a message to the prescription counterfoils
- e) Publicise in patient newsletters

Make Every Contact Count

Talk to your patients about shingles vaccination (and consider administering it) **during other appointments**, to save multiple attendances at the surgery.

The vaccination can be given at the same time as the pneumococcal, Covid-19 and influenza vaccination, although should be administered in different sites at least 2.5 cm apart, and ideally different limbs (Green book pg 6). The injection site should be recorded.

Pneumococcal

Pneumococcal disease

What is Pneumococcal disease?

Pneumococcal disease is the term used to describe infections caused by the bacterium *Streptococcus pneumoniae* - also known as *Pneumococcus*.

Infections are either non-invasive or invasive. Non-invasive diseases include middle ear infections (otitis media), sinusitis and bronchitis. Invasive pneumococcal disease (IPD) includes septicemia, pneumonia and meningitis.

IPD is a major cause of disease and death globally and in the UK. In 2005/6, there were 6,346 confirmed cases of invasive pneumococcal disease in England and Wales. It particularly affects the very young, the elderly, people with no spleen or a non-functioning spleen, people with other causes of impaired immunity and certain chronic medical conditions. Recurrent infections may occur in association with skull defects, cerebrospinal fluid (CSF) leaks, cochlear implants or fractures of the skull.

There are more than 90 different pneumococcal types (serotypes) that can cause disease in humans.

The Pneumococcal Vaccine

There are two types of pneumococcal vaccine recommended in the UK National Immunisation Programme PCV13 (not available for adults) and PPV23, which provide protection against different serotypes. The vaccines are inactivated (do not contain live organisms) so cannot cause the diseases against which they protect.

Pneumococcal Polysaccharide Vaccine 23 (PPV23):

Adults aged 65 years and over, and clinical risk groups aged 2 years or over:

- a single dose of 0.5ml of PPV23

Refer to the green book for contraindications: [The Green book of immunisation: chapter 25 - pneumococcal \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101222/green-book-chapter-25-pneumococcal.pdf)

The Pneumococcal Vaccination Schedule

All eligible patients that are over 2 years old should be offered their single Pneumococcal PPV23 vaccination by their GP all year round.

However: antibody levels are likely to decline rapidly in individuals with asplenia, splenic dysfunction or chronic renal disease and, therefore, re-immunisation with PPV23 is recommended every five years in these groups. Revaccination with PPV23 is currently not recommended for any other clinical risk groups or age groups.

Pneumococcal vaccines can be given at the same time as other vaccines such as influenza

Pneumococcal disease

More than **5,000 cases** of IPD are **diagnosed** each year in England.



IPD is a significant cause of **morbidity & mortality** globally and in the UK

Pneumonia symptoms include: a high temperature, a cough, shortness of breath, chest pain, an aching body, feeling very tired, loss of appetite or feeling confused (common in older people)



Seasonal peaks are noted during **winter months** in addition to **outbreaks in enclosed areas**, such as prisons or homeless shelters



Complications can follow after mild illness and lead to **more serious infections.**

The risk of Pneumococcal disease is greater for adults aged **65 years or older** and for those with conditions such as **COPD.**



Identifying eligible patients for pneumococcal vaccine

Clinical risk group	Example (decision based on clinical judgement)
Asplenia or dysfunction of the spleen	This also includes conditions that may lead to splenic dysfunction such as homozygous sickle cell disease and coeliac syndrome.
Chronic respiratory disease (chronic respiratory disease refers to chronic lower respiratory tract disease)	Chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. Bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD). Children with respiratory conditions caused by aspiration, or a neurological disease (such as cerebral palsy) with a risk of aspiration. Asthma is not an indication, unless so severe as to require continuous or frequently repeated use of systemic steroids.
Chronic heart disease	This includes those requiring regular medication and/or follow-up for ischaemic heart disease, congenital heart disease, hypertension with cardiac complications, and chronic heart failure.
Chronic kidney disease	Nephrotic syndrome, chronic kidney disease at stages 4 and 5 and those on kidney dialysis or with kidney transplantation
Chronic liver disease	This includes cirrhosis, biliary atresia and chronic hepatitis
Diabetes	Diabetes mellitus requiring insulin or anti-diabetic medication. This does not include diabetes that is diet controlled

Taken from: [The Green book of immunisation: chapter 25 - pneumococcal \(publishing.service.gov.uk\) \(page 7\)](#)

Identifying eligible patients for pneumococcal vaccine continued

Clinical risk group	Example (decision based on clinical judgement)
Immunosuppression	Due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, bone marrow transplant, asplenia or splenic dysfunction, complement disorder, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (such as IRAK-4, NEMO). Individuals on or likely to be on systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day (any age), or for children under 20kg, a dose of 1mg or more per kg per day.
Individuals with cochlear implants	It is important that immunisation does not delay the cochlear implantation.
Individuals with cerebrospinal fluid leaks	This includes leakage of cerebrospinal fluid such as following trauma or major skull surgery (does not include CSF shunts).
Occupational risk	There is an association between exposure to metal fume and pneumonia, particularly lobar pneumonia, and between welding and invasive pneumococcal disease. PPV23 should be considered for those at risk of frequent or continuous occupational exposure to metal fume (such as welders), taking into account the exposure control measures in place.

[Annexe A: priority groups for pneumococcal polysaccharide 23-valent vaccine \(PPV23, Pneumovax® 23\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Taken from: [The Green book of immunisation: chapter 25 - pneumococcal \(publishing.service.gov.uk\) \(page 7\)](https://publishing.service.gov.uk)

Identifying eligible patients for pneumococcal vaccine

Who is eligible?

Patients often are not aware they are eligible, and therefore it is important the practice focuses on identifying eligible patients.

The links below are useful to enable you to identify eligible patients:

- a. E-learning: <https://www.e-lfh.org.uk/programmes/immunisation/>
- b. Pneumococcal, green book, chapter 25: [The Green book of immunisation: chapter 25 - pneumococcal \(publishing.service.gov.uk\)](#)
- c. Pneumococcal PGD: [ukhsappv23pgdv4.00_finaljh220803.pdf \(england.nhs.uk\)](#)
- d. Training resources: <https://www.msdconnect.co.uk/products/pneumovax/pneumococcal-disease-overview/>
- e. Pneumococcal disease guidance: [Pneumococcal disease: guidance, data and analysis - GOV.UK \(www.gov.uk\)](#)
- f. [Pneumonia - NHS \(www.nhs.uk\)](#)

Contra-indications

Contra-indications

There are very few individuals who cannot receive pneumococcal vaccines.

However, you should refer to the Green Book to check whether a patient is suitable to receive this vaccination. Pages 9-10 should be referred to from this link:

[The Green book of immunisation: chapter 25 - pneumococcal \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101222/green-book-chapter-25-pneumococcal.pdf)

Further training resources:

[Pneumococcal Disease Overview | PNEUMOVAX® 23 | MSD Connect UK](#)



Practical delivery

Ordering stock and creating alerts

Vaccine Ordering

Zostavax, Shingrix and PPV23 are available to order through ImmForm. Healthcare professionals should refer to the ImmForm website on a regular basis for up-to-date information on vaccine availability.

To enable UKHSA to balance incoming supply with demand, each Immform customer in England and Wales can only order up to 40 PPV23 vaccines per account per week. If more volume is needed, requests should be e-mailed to Helpdesk@immform.org.uk

Please note each dose of Zostavax costs the NHS £99.96 and each dose of Shingrix is £160. Please ensure that you do not overstock as this can lead to excessive wastage. **It is recommended that orders should be limited to a maximum of 5 doses, unless you are planning a dedicated and focused campaign or coffee morning in which case it may be appropriate to order more stock.**

PPV23 costs £16.80 per vaccine.

Searches, alerts and pop ups

- Add shingles and pneumococcal alerts and pop-ups onto your clinical system
- Work with your system supplier to set up an all-inclusive search for patients who are aged between 70 and 79 years who have not already received their shingles vaccination. Set up an all-inclusive search for patients who are aged 65 and over who have not already received their PPV23 vaccine
- Identify if there are any persons now eligible for Shingrix and PPV23 who were previously contraindicated/not eligible

The link below provides you with instructions on conducting searches and sending out communication to eligible patients:

<https://support-ew.ardens.org.uk/support/solutions/articles/31000159014-shingles-eligibility-searches>

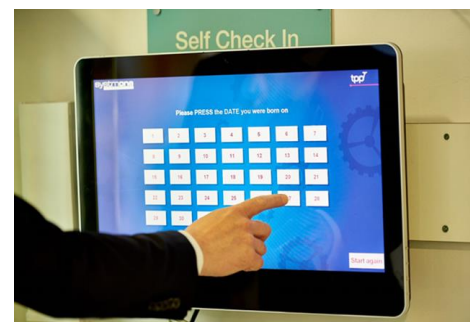
Using pop up alerts for opportunistic appointments

Set up your clinical system to identify all eligible patients and generate pop-up alerts on their patient record, so that staff are reminded to offer the vaccination opportunistically each time the patient's record is opened. Ensure that clinicians are trained to monitor these alerts so that no patients are missed. If your system is not able to do this, notifications can be set up manually.

Accurate and complete patient data is needed, including identifying 'ghosts' – patients who have transferred out of the area or died, but are still sent invitations for vaccinations



Coding and recording



Clinical codes

The correct code should be used to record that a vaccination has been given

SHINGLES CLINICAL CODES SNOMED	
Shingles GP vaccination codes	722215002
Shingles GP vaccination codes	737081007
Shingles GP vaccination codes	859641000000109
Shingles vaccine first dose codes	1326101000000105
Shingles vaccine second dose codes	1326111000000107
Shingles other healthcare provider vaccination codes	868511000000106

GPES auto-extracts Shingles and Pneumococcal data

All reasonable steps should be taken to ensure that the medical records of patients receiving the vaccination are kept up to date and in particular include any refusal.

PNEUMOCOCCAL CLINICAL CODES SNOMED	
Pneumococcal vaccination codes	12866006
Pneumococcal vaccination codes	1119367000
Pneumococcal vaccination codes	170337005
Pneumococcal vaccination codes	310578008
Pneumococcal vaccination codes	571631000119106
Pneumococcal vaccination codes	871833000
Pneumococcal vaccination given by other healthcare provider codes	382551000000109
Pneumococcal vaccination given by other healthcare provider codes	1324631000000100
Requires pneumococcal vaccination codes	247951000000102

NB: NHS Digital will publish a full list of the extraction criteria and eligible codes for payment purposes.

Payments

Essential Service

As of April 2021, the Pneumococcal Polysaccharide Vaccine (PPV) and Shingles routine and catch-up programmes are Essential Services and NHSE no longer publish Service Specifications for these programmes. The requirements are set out within the GP contract SFEs and documentation: [NHS England » GP Contract](#). Sign up to these programmes is via CQRS.

Payment Claims

All vaccinations administered to eligible patients attract an IoS fee of £10.06

Each financial year NHS Digital publish a full list of the business rules, service indicators, description and indicator ID’s for payment purposes: [Business rules 2022-2023 - NHS Digital](#)

Payment for these vaccinations is calculated by an automated GPES extraction via CQRS (Calculating Quality Reporting Service).

Once approved by the commissioner, payment is made to practices monthly by PCSE, following the month the activity was delivered.

Practices should check their data monthly and only declare it if it is correct. Any queries should be raised with the SW PH Commissioning team using the agreed process.

B&NES, Wiltshire, Swindon (BSW), Dorset and Gloucestershire practices should email phcontractssouthwest@nhs.net

BNSSG, Somerset, Devon and Kernow practices should email england.primarycaremedical@nhs.net



Vaccine costs

As the vaccine is centrally supplied, no claim for reimbursement of vaccine costs or personal administration fee apply.

Payments

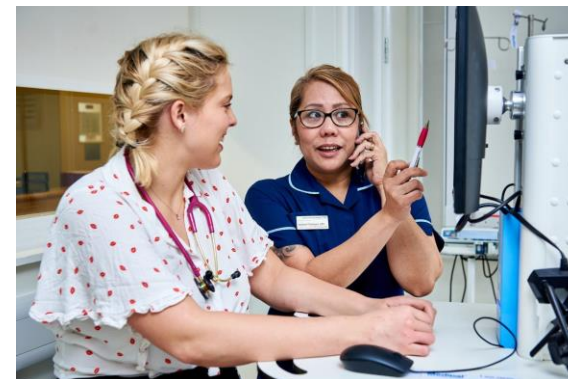
Requirements for payment

- The practice must have signed up to deliver the programmes via CQRS.
- All patients in respect of whom payments are being claimed were on the practice list at the time the vaccine was delivered and when the GPES extraction occurred.
- All patients in respect of whom payments are being claimed were in an eligible cohort
- The practice did not receive payment from any other source in respect of the vaccine
- The practice submitted the claim within six months of administering the vaccine.

QOF

The Shingles programme attracts a **QOF incentive of 10 points** with thresholds of 50% (lower) to 60% (upper). There is no point allocation for meeting the lower threshold This equates to a maximum of £2,011.60 and is aimed at incentivising optimal performance of immunisation and to ensure everyone is up to date with their recommended planned vaccinations as part of the routine national vaccination programmes and to prevent vaccine-preventable diseases

Indicator	Points	Achievement Threshold	Points at Lower Threshold
VI004. The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79. (based on NM201)	10	50-60%	-



How is QOF payment calculated?

- ❖ If the lower threshold is reached, the lowest points are awarded, if the higher threshold is reached, the highest points are awarded.
- ❖ Anything between the two thresholds achieves the relative number of points.
- ❖ Practices can see their QOF achievement data in CQRS from April.
- ❖ The calculation figure is based on the agreed data (extract and manual adjustment where applicable and evidence based)

Vaccination offer

Practices should ensure that their call/recall and opportunistic offers of vaccination are made in line with the agreed national standards detailed below.

Vaccination and Immunisation Programme	Age Eligibility	Type of offer
<p><i>Pneumococcal Polysaccharide Vaccine (PPV)</i> GP practices are required to offer pneumococcal polysaccharide vaccination to all eligible patients registered at the GP practice; unless contra-indicated and is usually a single dose of vaccine.</p> <p>Booster doses may be required at five yearly intervals for individuals with no spleen, splenic dysfunction or chronic renal disease (as per Green Book guidance).</p>	<p>65 years old</p> <p>2-64 years in defined clinical risk groups (see Green Book)</p>	<p>Proactive call if in a defined clinical risk group.</p> <p>Proactive call at 65 years old if not in a defined clinical risk group, opportunistic offer or if requested thereafter</p>
<p><i>Shingles routine</i> GP practices are required to provide shingles vaccinations to all eligible registered patients who are 70 years of age but not yet attained the age of 80 years.</p> <p>Individuals who are eligible for shingles vaccine, but who are contra-indicated to the receipt of the live vaccine Zostavax® should be offered the recombinant sub-unit vaccine Shingrix® instead.</p>	<p>70 years old</p>	<p>Call at 70 years old, opportunistic or if requested until aged 80 years.</p>

More tips and information

Dosage

Practices should ensure that the correct dosage is administered as directed in The Green Book, chapter 25 (Pneumococcal) and chapter 28a (Shingles)

Who can administer the vaccine ?

In addition to GPs and Nurses, Healthcare Assistants can administer the shingles and pneumococcal vaccines, if they are appropriately trained, meet the required competencies and have adequate supervision and support. Healthcare Assistants can administer the vaccines if they are appropriately trained and meet the required competencies and have adequate supervision and support. Healthcare assistants cannot use a PGD as legal authorisation for administration, and therefore a Patient Specific Direction is required, which ensures each patient has been clinically assessed by a prescriber to confirm that it is safe and appropriate for them to receive the vaccine.

Further information on legal authorisations such as PGDs and PSDs is available here:

<https://www.england.nhs.uk/south/info-professional/pgd/south-west/> The list of professions that can use a PGD as legal authorisation is here

<https://www.gov.uk/government/publications/patient-group-directions-pgds/patient-group-directions-who-can-use-them>.

Professions not listed here are not yet included in the regulations and so they must not use PGDs as legal authorisation.

Care Homes & Housebound patients

Consider running immunisation clinics at any nursing homes that your practice serves following cold chain guidance as appropriate. Not only will this ensure that these patients are offered their shingles and pneumococcal vaccination, but it also provides an easy opportunity to administer the vaccine to a large number of eligible patients and can occur when administering other vaccines, such as flu or Covid-19.

Make sure your housebound patients are offered the vaccine too, with or without their annual influenza vaccination. District nurses are also able to administer the shingles and pneumococcal vaccine.

Checking your practice uptake rates

You should check your practice performance and uptake rates regularly. To do this, you should log onto Immform <https://portal.immform.phe.gov.uk/Logon.aspx?returnurl=%2f> you can view past performance and uptake rates for the quarter. You will also see your denominator data (the size of your eligible population).



Helpdesk: **0207 183 8580**
Helpdesk@immform.org.uk

Next steps: Shingles Vaccination Programme Changes

Shingles Vaccination Programme Changes

Joint Committee on Vaccinations and Immunisation recommendations

1 September 2023

Following the Joint Committee on Vaccinations and Immunisation (JCVI) recommendation, NHS England has received a formal policy decision from DHSC to implement **changes to the NHS Shingles Vaccination Programme from 1 September 2023**. The agreed changes, which were set out in the Commissioning Intentions 2023/24 and included in the [2023/24 GP Contract](#), are:

- **replacement of Zostavax with the 2-dose Shingrix vaccine across the entire shingles vaccination programme.**
- expansion of the immunocompromised cohort to offer Shingrix to individuals aged 50 years and over, with no upper age limit and a period between doses of 8 weeks and 6 months.
- expansion of the immunocompetent cohort to offer Shingrix routinely to individuals aged 60 years and over, remaining an opportunistic offer up to and including 79 years of age, with a period between doses of 6 months and 12 months.

The expansion of the immunocompetent cohort will be implemented over two five-year stages as follows:

- **First five-year stage (1 September 2023 to 31 August 2028):**
Shingrix will be offered to those turning 70 and those turning 65 years of age in each of the five years as they become eligible.
- **Second five-year stage (1 September 2028 to 31 August 2033):**
Shingrix will be offered to those turning 65 and those turning 60 years of age in each of the five years as they become eligible.

Any Zostavax remaining in the system after 1 September 2023 should be offered to anyone aged 70 to 79 years of age that was eligible before this implementation date. Once all stocks of Zostavax are exhausted, these individuals can be offered Shingrix if they have not been given a shingles vaccine.

General practice call/recall for the immunocompromised and immunocompetent cohorts, as they become eligible for the programme, will be implemented from 1 September 2023, as well as catch-up call/recall for the newly eligible immunocompromised 50-69-year-old cohort.