



Public Health  
England



# NHS public health functions agreement 2019-20

**Service specification No.14  
Shingles (herpes zoster) immunisation programme**

NHS England and NHS Improvement



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Promoting equality and addressing health inequalities are at the heart of NHS England and NHS Improvement 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 and those who do not share it (as required under the Equality Act 2010); and
- Given due 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 (in accordance with the duties under sections 13G and 13N of the NHS Act 2006, as amended).

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## Service specification No.14

This is a service specification to accompany the 'NHS public health functions agreement 2019-20' (the '2019-20 agreement').

This service specification is to be applied by NHS England and NHS Improvement in accordance with the 2019-20 agreement. 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 2019-20 agreement was made between the Secretary of State and NHS England and NHS Improvement, unless otherwise specified. Any changes in other published documents or standards may have effect for the purposes of the 2019-20 agreement in accordance with the procedures described in Chapter 3 of the 2019-20 agreement.

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

The 2019-20 agreement is available at [www.gov.uk](http://www.gov.uk) (search for 'commissioning public health').

All current service specifications are available at [www.england.nhs.uk](http://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 service specification](#) and the online version of 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 and NHS Improvement to commission shingles vaccine immunisation services to a standard that will reduce 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 NHS Improvement and the Department of Health and Social Care 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 (NHS Public Health Functions Agreement (Section 7A) for 2019-20).

## 2 Population needs

### Background

- 2.1 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, at the time the programme was introduced, this was estimated to be around 800-900 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. The JCVI recommendation on shingles vaccination (29 March 2010) can be viewed here: [http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/ab/JCVI/DH\\_094744](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/ab/JCVI/DH_094744).

### Shingles vaccine – key details

- 2.5 The key details are that:
  - across the first 3 years of the shingles immunisation programme, incidence of shingles fell by 35% in the routine cohorts, and PHN fell by 50%. The equivalent reduction for the catch-up cohorts (see below at section 4.2) was 33% for shingles and 38% for PHN. These reductions are consistent with a vaccine effectiveness of about 62% against shingles and 70–88% against PHN;
  - the shingles programme in England has had a population impact equivalent to about 17,000 fewer episodes of shingles and 3,300 fewer episodes of PHN among the 5.5 million eligible individuals in the first 3 years of the programme;
  - adults should receive a single dose;
  - Zostavax® vaccine contains live herpes zoster virus and should not be given to certain patient groups. Detailed clinical guidance on administering shingles immunisation is contained in Chapter 28a of immunisation against infectious disease (the Green Book): <https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a>.

## 3 Scope

### Aims

3.1 The aim of the shingles vaccination programme is to reduce the number of shingles cases in this age group (70-78 inclusive) 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 in section 4.2; and
- 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 DHSC, PHE and NHS England and NHS Improvement 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 2018-2019.



## 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 that best practice, that NHS England and NHS Improvement must use to inform local commissioning, contracts and service delivery. There is also scope to enable NHS England and NHS Improvement 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 Prior to April 2017, the routine target population offered the shingles vaccine were those patients aged 70 on 1st September each year. A catch-up programme also offered the shingles vaccine to those patients aged 78 years old on 1st September each year.

4.3 The 2017/18 GMS contract negotiations resulted in a change to the above to simplify the patient eligibility to the date the patient turns 70 or 78 years old.

#### Key details:

- Patients who have attained the age of 70 or 78 can be opportunistically immunised at any point in the year as they become of eligible age;
- There is no call/recall requirement for this programme;
- Details of the change in eligibility are included within the General Medical Services Statements of Financial Entitlement and the Enhanced Service Specification.

4.4 In addition, patients who were eligible for immunisation in the previous years of the programme but have not yet been vaccinated against shingles remain eligible until their 80th birthday. These cohorts are:

- patients in their 70s who were born on or after 2.9.1942; and
- patients aged 79.

4.5 Any individual who reaches their 80th birthday is no longer eligible for the vaccination due to the reducing efficacy of the vaccine as age increases. This reflects the recommendation made by the JCVI.

### Vaccine schedule

4.6 A single dose of shingles vaccine should be offered to all those eligible.

## Vaccine ordering

- 4.7 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.