**Shingles vaccine schedule changes comms toolkit**

This comms toolkit provides material to help support the changes happening to the shingles vaccine programme from 1 September 2023. More resources will be added as they become available.

**Timings and national comms approach**

Whilst the shingle vaccine programme changes won’t come into effect until 1st September 2023, it is vital that we make sure that key stakeholders and providers are aware of and prepared for the change. The upcoming changes to the programme will be formally communicated in a bipartite letter with UKHSA on Tuesday 4 July. The majority of public facing communications will happen closer to the changes coming into effect however the letter publication provides us with an opportunity to present a good news story for the NHS, with hundreds of thousands more people becoming eligible within the first year, and a chance to remind people of the dangers of shingles and to get vaccinated if they are eligible.

**How you can support**

Please share the key messages on the upcoming vaccine changes via your own social channels/newsletters. Please also use the time between the letter being published and the changes coming into effect in September to help educate the public about shingles and encourage those that are eligible and have not had their vaccine yet to come forward – we have provided materials in the table below to help support this and will be adding further resources to this toolkit in the coming months.

**Our objective/aims**

* Ensure that the health system, key stakeholders and the general public are aware of and prepared for the change to the shingles vaccine programme ahead of 1 September 2023
* Educate the public on who is eligible for the vaccine, that they can get the vaccine throughout the year via their general practice and why it is important to get protected
* Maintain confidence in the shingles vaccine programme and in NHSE immunisation programmes in general, using the programme change to demonstrate innovation based on evidence

**About the shingles vaccine programme change**

**Current offer:**

* **Immunocompetent:** Zostavax vaccine offered as a one dose schedule to those aged 70-79
* **Immunocompromised:** Shingrix vaccine offered as a two dose schedule (8 weeks to 6 months apart) to those aged 70-79

**Offer from 1 September 2023:**

* **Immunocompetent:** Shingrix vaccine offered as a two dose schedule (6 to 12 months apart) to those turning 65 and 70 years from 1 September 2023 to 31 August 2028 (those aged 70-79 that were eligible before 1 September 2023 will still be eligible for Zostavax until stocks are depleted, after which they will be offered Shingrix)
* **Immunocompromised:** Shingrix vaccine offered as a two dose schedule (8 weeks to 6 months apart) to those aged 50 and over (no upper age limit)

***Scenarios***

*If you are immunocompetent, from 1 September 2023, as you turn 65 or 70 you will become eligible to get the shingles vaccine from your birthday. You will not lose your eligibility and will be able to get the vaccine at any time up until you turn 80. If you turn 65 before 1 September 2023, you will have to wait until you turn 70 to become eligible for the shingles vaccine.*

*If you are immunocompromised, from 1 September 2023, if you are aged 50+ you will be able to get the shingles vaccine and there is no upper age limit to you coming forwards to get the vaccine.*

**Key messages**

**On the schedule changes:**

* The shingles (herpes zoster) vaccination programme is changing from 1 September 2023
* The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that those eligible for the shingles vaccine should be expanded so individuals can be protected at an earlier age to prevent more shingles cases
* The vaccine that is used in the programme is also changing. All newly eligible individuals will be offered two doses of the non-live vaccine Shingrix instead of the live vaccine Zostavax

**On the shingles vaccine:**

* 1 in 4 people will develop shingles in their lifetime. It can be a very debilitating disease that can cause painful blisters, severe nerve pain and can be fatal in older adults
* You are at higher risk of developing shingles if you are older or have a weakened immune system
* Having the shingles vaccine significantly lowers your chances of getting shingles and of experiencing serious complications
* Two vaccines are available for shingles. Both are effective at preventing shingles. Which one you are given depends on your age and immune status.
* The shingles vaccine has been used in England for ten years in September
* In the first five years since a shingles vaccine was introduced in England, there were 45,000 fewer GP consultations and 1,840 fewer hospitalisations for shingles and post-herpetic neuralgia

**On eligibility:**

* Currently, all those aged 70-79 are eligible to get a shingles vaccine from their GP practice
* From 1 September 2023, those aged 70-79 will still be able to get the shingles vaccine from their GP practice. They will either be offered one dose of Zostavax or two doses of Shingrix
* From 1 September 2023, all those aged 50 and over with a weakened immune system will be offered two doses of the Shingrix vaccine (8 weeks to 6 months apart). The GP practice will invite those aged 50-69 with a weakened immune system to get the vaccine ideally within the first year of the programme.
* From 1 September 2023, those turning 65 and 70 will be offered two doses of the Shingrix vaccine (6 to 12 months apart) by their GP practice as they become eligible. *(To note: Eligibility will go down to 60 years old in September 2028 and there will be active call for those turning 60 and 65 between 1 September 2028 and 31 August 2033*). These individuals will remain eligible up until their 80th birthday

**Call to action:**

* If you are aged 70-79, book to get a shingles vaccine with your GP practice now
* From 1 September 2023, you will be able to get the shingles vaccine if you are aged 50 or over and have a weakened immune system, for example due to cancer treatment. Your GP practice should invite you but you can also contact your GP for an appointment. You will need two doses to be fully protected
* From 1 September 2023, you will be able to get the shingles vaccine as you turn 65 or 70. Your GP practice should invite you but you can also contact your GP for an appointment after your 65th or 70th birthday. You will need two doses to be fully protected

**Comms assets**

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| Twitter/Insta/ Facebook/LinkedIn example posts | 1 in 4 people will develop shingles in their lifetime. Not had your shingles vaccine yet? If you are aged 70-79, you can book to get your shingles with your GP practice nowShingles is a debilitating disease that can cause serious complications. From 1 September 2023, the shingles vaccine programme is being expanded so hundreds of thousands more people will be able to get protected against shingles each year. Your chances of developing shingles get higher as you get older or if you have a weakened immune system. The shingles vaccine programme is changing so people can be protected at an earlier age to prevent more shingles casesIf you have a weakened immune system, for example due to cancer treatment, and are aged 50 and over, from September you will be able to get the shingles vaccine from your GP practiceFrom September, as you turn 65 or 70 look out for your invite to get your shingles vaccine. You can also contact your GP practice to make an appointment after your 65th or 70th birthday |
| Bulletin/ website copy | **Upcoming changes to the shingles vaccination programme**The letter outlining the changes to the shingles vaccine programme from 1 September 2023 has been published [here](https://www.gov.uk/government/publications/shingles-vaccination-programme-changes-from-september-2023-letter). Based on the recommendation from the Joint Committee on Vaccination and Immunisation (JCVI), those that can get the vaccine is being expanded to younger age groups so individuals, particularly those with a weakened immune system, can be protected at an earlier age to prevent more shingles cases. It means hundreds of thousands more people will be able to get protected against shingles each year. The vaccine that is used in the programme is also changing. All newly eligible individuals will be offered two doses of the non-live vaccine Shingrix instead of the live vaccine Zostavax. From 1 September 2023: * those aged 70-79 will still be able to get the shingles vaccine from their GP practice. They will either be offered one dose of Zostavax or two doses of Shingrix (6 to 12 months apart)
* all those aged 50 and over with a weakened immune system will be offered two doses of the Shingrix vaccine by their GP practice (8 weeks to 6 months apart).
* those turning 65 and 70 will be offered two doses of the Shingrix vaccine (6 to 12 months apart) by their GP practice as they become eligible (eligibility will go down to 60 years old in September 2028)
 |
| NHSE quotes (do not use until press release is circulated) | **National Director of Vaccinations and Screening, Steve Russell, said:** “While the country has been rightly focused on the NHS’s successful Covid and flu vaccine programmes, it is important we do not forget about other illnesses like Shingles which can be fatal to those most at risk.“With a quarter of people getting Shingles in their lifetime, the expansion of the programme will provide peace of mind to thousands, and even save lives, as younger groups susceptible to disease can improve their protection against illness.“Please do not put off getting the jab, there are many avenues to get the vaccine and those eligible will be given many opportunities to quickly get the jab during routine visits to GP practices.”  **Director of Public Health Commissioning and Operations, Deborah Tomalin, said:** “Shingles is one of the few conditions that cannot achieve herd immunity, since it develops on a case-by-case basis following a chickenpox infection, so it is completely down to you to make sure you are protected.“Chickenpox can also appear mildly in some so you may think you have never had it, but it is vital that anyone eligible, even if you think you may not be at risk, gets the vaccine, we are here to help.”  |
| Blood Cancer alliance quote (do not use until press release is circulated) | **Fiona Hazell, Chair of the Blood Cancer Alliance and CEO of Leukaemia UK said:**“We welcome the news that those living with blood cancers will soon be able to get the shingles vaccine from age 50 instead of 70 as it means more people will be able to get protected against this debilitating disease sooner.“If you are living with blood cancer, you are likely to have a weakened immune system which means you are more likely to develop shingles and experience more serious side effects. It is important to get all the protection you can and get your shingles vaccine as soon as you become eligible.”  |
| Shingles case study (will be included in press release) |  |
| Latest shingles vaccine uptake statistics  | <https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2021-to-2022-evaluation-reports/shingles-vaccine-coverage-england-annual-report-of-the-financial-year-2021-to-2022#results>  |
| GOV.UK shingles collection  | <https://www.gov.uk/government/collections/shingles-vaccination-programme#leaflets,-posters-and-resources>  |
| How vaccines work animation  | <https://youtu.be/hjTQN2b-fuo>  |
| GSK Understanding shingles  | <https://www.understandingshingles.co.uk/>  |
| Shingles vaccine social media card | A collage of a group of people  Description automatically generated with low confidence |

**FAQ**

**What is shingles?**

Shingles is a serious, painful skin disease that can really affect your life and stop you doing things that you usually enjoy. Approximately one in four people will develop shingles in their lifetime. It is most common in adults aged 70 and over. In England and Wales there are about 50,000 cases of shingles in people aged 70 or above every year and around 50 cases result in death. Around 1 in 1,000 cases of shingles in over 70s are fatal.

The disease infects your nerves and associated skin, resulting in painful, itchy, fluid-filled blisters – usually on one side of the body. The rash and tingling usually lasts for about a week. Shingles can go on to cause further complications – it can infect the eye and eyelid and lead to blindness. Other side effects of shingles include hearing loss, facial paralysis and postherpetic neuralgia (PHN) which is a stabbing nerve pain that can last for years without an effective treatment and lead to hospitalisation. After the age of 50 years, about 20% of patients with shingles will develop PHN.

**Can you catch shingles?**

Shingles (also known as herpes zoster) is not a disease that you can catch. Shingles is a disease that is caused by the reactivation of the chickenpox virus. When you have chickenpox as child, the virus that caused it can stay in your body for the rest of your life without you knowing it is there. This virus can reactive later in life when your immune system is weakened by increasing age, stress or a weakened immune system.

You cannot spread shingles but if you have shingles, people who have not had chickenpox before could catch chickenpox from you, so you should try to avoid pregnant people, people with a weakened immune system, babies less than a month old (unless you gave birth to them).

**Why should I get the shingles vaccine?**

The shingles vaccine significantly reduces your chance of getting shingles and PHN. Even if you still do get shingles, the symptoms will be much reduced.

The shingles vaccine has been used in England for ten years in September. In the first five years since a shingles vaccine was introduced in England, there were 45,000 fewer GP consultations and 1,840 fewer hospitalisations for shingles and post-herpetic neuralgia.

Shingles cannot be passed on from person to person and so the shingles vaccine only protects the person that gets the vaccine, it does not provide community protection. The way you can best protect yourself is by getting the vaccine. Once your course is completed, you will not need any more shingles vaccines.

**Can I get the shingles vaccine? If so, where do I get it?**

From 1 September 2023, you can get the shingles vaccine if you are:

* Aged 50+ (no upper age limit) and have a weakened immune system
* Aged 70-79 or from your 65th birthday or 70th birthday

You can only get the shingles vaccine through your GP or practice nurse. You only need to complete the vaccine course once and you can have it at any time in the year. From 1 September 2023, your GP practice should invite you for a vaccine as you turn 65 or 70 or if you are aged 50+ and have a weakened immune system. If they don’t you can make an appointment yourself by contacting your GP or you may even be offered the vaccine whilst at another appointment. Those with a weakened immune system aged 50-69 will ideally be offered the vaccine within the first year of the programme.

**Can the vaccine be given at the same time as other vaccines?**

The shingles vaccines can be given at the same time as the pneumococcal vaccine (PPV), COVID-19 vaccines and inactivated influenza vaccines. Ideally, there should be a 7 day gap between getting the shingles and the aQIV flu vaccine, which is licensed for use in the over 65s.

**Why is there no upper age limit to getting the vaccine for those that have a weakened immune system if the vaccine is known to not be as effective past 80?**

For those that do not have a weakened immune system, you can only get the shingles vaccine up until your 80th birthday as there are some studies that show the vaccine becomes less effective post 80.

This is not the case for those that have a weakened immune system. There is no upper age limit to getting the shingles vaccine because before 1 September 2021, only Zostavax was used which is a live vaccine that is not suitable for those with a weakened immune system. This means that those with a weakened immune system have not been able to protect themselves against shingles until now. There is no upper age limit to give those with a weakened immune system a chance to catch up and protect themselves.

**Can I have the shingles vaccine if I have already had shingles?**

If you have already had shingles, it's fine to have the shingles vaccine. The shingles vaccine works very well in people who have had shingles before, and it will boost your immunity against further shingles attacks. Your GP will tell you how long to wait after you recover from shingles before having the shingles vaccine. This may be up to 1 year.

**If I have not had chickenpox before, should I get the shingles vaccine?**

Yes. The chances are that you have had chickenpox at some point without knowing it. Some people have chickenpox without displaying any of the typical chickenpox symptoms, such as a rash.

**If I have missed my shingles vaccine, what do I need to do to catch up?**

If you missed the shingles vaccine, you can still have it up to your 80th birthday, or if you have a weakened immune system, you can have it at any age over 50. Please contact your GP practice to make an appointment. It’s important that you do not leave it too late to have the vaccination.

**Is there anybody who should not have the shingles vaccine?**

If you’ve had a severe reaction to any of the substances that go into the vaccine, you shouldn’t have it. Your GP will be able to advise you. Zostavax is not suitable for those who have a weakened immune system.

**What vaccine will I receive?**

There are two vaccines that are used in the shingles vaccination programme. Which vaccine you will be given depends on your age and immune status. Both provide effective protection against shingles.

From 1 September 2023, the Shingrix vaccine will be offered to those that are newly eligible for the vaccine. This includes those that are aged 50 and over with a weakened immune system and those turning 65 and 70. Two doses are required in order to have full protection. This vaccine has been used extensively in several countries including the United States of America and Canada.

If you are aged 70-79 and were eligible for the Zostavax vaccine before 1 September 2023, you may be given Zostavax. Only one dose is required for full protection. Zostavax is being discontinued so it will be used in the shingles vaccine programme until supply runs out.

**If I received Zostavax, should I try and get Shingrix?**

If you have already received the Zostavax vaccine, you will not need to get the Shingrix vaccine as you will already be protected against shingles.

Once your course is completed, you will not need any more shingles vaccines.

**Why are the doses different for the different shingles vaccines?**

Zostavax is a live vaccine. Live vaccines elicit a strong immune response and so only one dose of the vaccine is required. However, live vaccines are not suitable for those with a weakened immune system due to risk of them causing an infection.

Shingrix is not a live vaccine, it is an inactivated vaccine. Two doses of the vaccine are required to ensure long term effectiveness of the vaccine. These need to be given 6 months to 12 months apart (Green Book chapter references 2-12 months apart but caveats that operationally it is 6-12 months in England) or 8 weeks to 6 months apart for those with a weakened immune system.

**Are the shingles vaccines safe and how are they given?**

In order for a vaccine to be licensed for use in the UK, it has to be proven to be safe and effective, and shown to have benefits that outweigh any risks. This is proven through clinical trials. Clinical trials and safety data continue to show that Shingrix and Zostavax are safe and effective.

Side effects are usually quite mild and don’t last very long. The most common side effects, which occur in at least 1 in every 10 people, are headache, and redness, pain, swelling, itching, warmth, and bruising at the site of the injection. If the side effects persist for more than a few days you should discuss this with your GP or practice nurse. For more information on Shingrix and Zostavax and possible side effects, please refer to the [Patient Information Leaflet (Shingrix)](https://www.medicines.org.uk/emc/files/pil.12054.pdf) and [Patient Information Leaflet (Zostavax)](https://www.medicines.org.uk/emc/product/6101/pil#gref)

Both Shingrix and Zostavax are given as an injection in the upper arm.

**Does getting the shingles vaccine give me full protection against shingles?**

Getting the shingles vaccine does not guarantee you will not get shingles, but it will significantly reduce your chances. If you do get shingles, the vaccine is likely to make the symptoms milder and the illness shorter. You'll also be less likely to get shingles complications, such as post-herpetic neuralgia. Once your course is completed, you will not need any more shingles vaccines.

**Will we need to get a booster dose?**

There is currently no booster dose for shingles in the NHS vaccination schedule – once you finish your vaccine course of either Shingrix or Zostavax you are considered to be protected against shingles.

UKHSA will continue to monitor the effectiveness of the vaccines both in the UK and internationally to assess if any booster doses become necessary.

**Why is the programme moving to a different vaccine?**

Zostavax is the live vaccine that is given to those who do not have a weakened immune system on a one dose schedule. The Zostavax vaccine is being discontinued in the UK and so to replace it, from 1 September 2023, the Shingrix vaccine will be used on a two dose schedule.

Shingrix has been used by the NHS as the shingles vaccine for those with a weakened immune system since 1 September 2021. The vaccine has been used extensively in several countries including the United States of America and Canada.

To prevent vaccine wastage, Zostavax, which is still an effective vaccine at preventing shingles, will continue to be used for those aged 70-79 that were eligible for the vaccine before 1 September 2023.

**Why is the eligibility for the vaccine changing and why is it so complicated?**

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that those that can get the shingles vaccine should change to allow individuals to be protected at an earlier age, particularly those that have a weakened immune system.

Based on the evidence, they recognised that there may be more clinical benefit from starting shingles vaccinations at a lower age, with modelling indicating that a greater number of cases of shingles would be prevented with vaccination at 60 years for immunocompetent individuals and 50 years for immunocompromised individuals.

The Committee advised that the programme should be implemented in stages, starting with those that are 50+ with a weakened immune system and those turning 65 and 70 then eventually moving down to those turning 60. This is a similar pattern to the roll out of the shingles vaccine from 2013.

This is why the vaccine offer is being expanded to all those turning 65 and 70 and all those 50+ with a weakened immune system from 1 September 2023. The programme will then run from 1 September 2023 to 31 August 2028, offering the vaccine to people as they turn 65 and 70 until the offer has been made to all those aged 65 to 70. It will then expand to offering the vaccine to all those that are turning 60 and 65 from 1 September 2028.

**How can I check if I am classified as having a weakened immune system?**

You can check the [Shingles Green Book chapter](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1012943/Green_book_of_immunisation_28a_Shingles.pdf) for the full list of those that are considered to have a weakened immune system and can therefore have two doses of the Shingrix vaccine once they are aged 50+ from 1 September 2023.The full list is outlined below.

If you do not fall into one of these categories, then you should wait until you turn 65 or 70 to be offered the vaccine, in line with the routine programme.

Those that are aged 18-49 and have received a stem cell transplant can receive two doses of the Shingrix vaccine (2 – 6 months apart) as part of their overall treatment plan.

Those that can get the Shingrix vaccine from 50 years of age from 1 September 2023 includes:

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.

**APPENDIX**

**Background to the shingles vaccine programme**

Shingles and the vaccine

Shingles (also called herpes zoster) is an infection that affects the nerves and the skin, often resulting in a painful rash with blisters. In 10-20% of shingles cases it can develop in the eye and lead to blindness. Other side effects of shingles include hearing loss, facial paralysis and postherpetic neuralgia (PHN) which is a stabbing nerve pain that can last for years without an effective treatment. It is estimated that 1 in every 4 people [will have at least one episode of shingles during their lifetime](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/shingles). In England and Wales there are about [50,000 cases of shingles in people aged 70 or above every year](https://vk.ovg.ox.ac.uk/shingles#What-are-the-symptoms) and around 50 cases result in death.

Shingles is caused by the reactivation of the chickenpox (varicella-zoster) virus in people that have already had chickenpox. When someone has chickenpox, the virus remains dormant in the nerve where it can be reactivated later in life as immunity to the chickenpox virus declines with time, or if someone’s immune system is lowered – such as through stress or treatments like chemotherapy. This means that people with a weakened immune system and older adults are at higher risk of getting shingles.

Shingles cannot be passed from person to person but someone with shingles could give someone chickenpox if they have not had it before. The shingles vaccine contains a weak or inactivated form of the chickenpox virus and can reduce cases of shingles. Results assessing the impact of shingles vaccination in the 5 years after the introduction of the programme in England showed [large reductions in both GP consultations](https://bmjopen.bmj.com/content/10/7/e037458) and hospitalisations for herpes zoster and post-herpetic neuralgia. As shingles cannot be passed from person to person, the vaccine offers individual protection rather than population protection.

History of the shingles vaccine programme

In September 2013, NHS England introduced the shingles vaccine programme. It was initially offered to those aged 70 and aged 79. The vaccine was offered to those as they turned 70 and 79 between 2013 and 2020 until all those aged between 70-79 had been offered the vaccine. Until 2021, the only vaccine that was offered was Zostavax (by MSD), which is a live virus that contains a weakened strain of the virus. Due to it containing live virus, this vaccine could not be given to those that had a weakened immune system due to the risk of the vaccine causing an infection.

In February 2018, [the JCVI recommended](https://app.box.com/s/iddfb4ppwkmtjusir2tc/file/284102495624) that another vaccine, Shingrix (by GlaxoSmithKline), should be offered to all those that are immunocompromised as it contains an inactivated form of the virus. In September 2021, Shingrix was introduced for those aged 70-79 that were immunocompromised as a two dose schedule (between 8 weeks and 6 months apart). The second dose is necessary to ensure long-term effectiveness. The Shingrix vaccine has been shown to give protection against shingles [for at least 10 years](https://www.gsk.com/en-gb/media/press-releases/new-data-show-shingrix-can-provide-at-least-10-years-of-protection-against-shingles-in-adults-aged-50-years-and-over/) and latest studies have shown that it is over 90% effective at preventing shingles – real world evidence has shown that two doses of the Shingrix vaccine was 70.1% effective against shingles and 76% against PHN. **NB. Both Zostavax and Shingrix provide effective protection against shingles.**

Currently, both Zostavax and Shingrix can only be given through GP practices, not local pharmacies. In 2018 it was agreed that patients could receive the shingles vaccine at any time in the year, instead of just in autumn. When a patient turns 70 years old, they are invited to get their shingles vaccine through an invite (active call). Once a patient has become eligible at age 70, they continue to be eligible for a shingles vaccine up until they turn 80 – meaning that they can either request the vaccine or be offered the vaccine opportunistically.

Zostavax is currently not available on the NHS to anyone aged 80 and over because the vaccine seems to be less effective in this age group. The only exception is if someone turned 80 before getting their second dose of the Shingrix vaccine (they can have this second dose before they turn 81). Zostavax can be given at the same time as PPV and all types of inactivated flu vaccine. Shingrix can be given at the same time as PPV and inactivated influenza vaccines, except aQIV (licensed from 65+) [which should be administered 7 days apart](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1052155/Shingles-vaccination-HCP-guidance.pdf). A 7 day gap between administration of shingles and COVID 19 vaccines is no longer required see updated COVID 19 PGD (note that documents to support the shingles vaccination programme are being updated).

The latest [shingles vaccine coverage annual report](https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2021-to-2022-evaluation-reports/shingles-vaccine-coverage-england-annual-report-of-the-financial-year-2021-to-2022), shows that cumulative vaccine coverage for each eligible age group is increasing year on year through opportunistic vaccination. Coverage is highest among those turning 78 years old (80.7%) as they have had longer to get the vaccine and lowest in those turning 70 (31.2%). Prior to the pandemic, there had been a decline in those aged 70 coming forwards for the vaccine since 2013. In 2020/21, when pandemic response measures were brought in, there was a further drop in vaccine uptake in those turning 70. However in 2021/22 uptake had increased by 11% points in those turning 70, reaching uptake levels higher than before the pandemic suggesting that the programme is recovering. Coverage was lowest in London and the highest in North East and Yorkshire.

Vaccine offer changes

Zostavax was [discontinued in the US in November 2020](https://www.cdc.gov/vaccines/vpd/shingles/public/zostavax/index.html#:~:text=What%20Everyone%20Should%20Know%20about%20Zostavax&text=This%20page%20was%20archived%20upon,%2C%20effective%20November%2018%2C%202020.). Several other countries (such as New Zealand) are now just using Shingrix in their vaccine programmes.

In [2019 JCVI recommended](https://app.box.com/s/iddfb4ppwkmtjusir2tc/file/424913874479) the replacement of Zostavax with Shingrix and the expansion of the cohorts in the Shingles Vaccination Programme. JCVI recognised that there may be more clinical benefit from starting Shingles vaccinations at a lower age, with modelling indicating that a greater number of cases would be prevented with vaccination at 60 years for immunocompetent and 50 years for immunocompromised.

On 1 September 2023, there will be three main changes happening to the Shingles vaccine programme in England:

* Zostavax will only be given to those that were previously eligible for the shingles vaccine until stocks deplete
* All those newly eligible for the shingles vaccine will get two doses of Shingrix (at least 8 weeks to 6 months apart for immunocompromised and 6 months to 12 months for immunocompetent)
* Those that have a weakened immune system will be able to get the shingles vaccine from age 50 (50 years old on or after 1 September 2023) instead of age 70 with no upper age limit to getting the vaccine.
* Those that are immunocompetent will be offered the Shingrix vaccine as they turn 65 years old and 70 years old from 1 September 2023 to 31 August 2028. There is an upper age limit to getting the vaccine of 79. *NB. Eligibility will go down to 60 years old in September 2028 and there will be active call for those turning 60 and 65 between 1 September 2028 and 31 August 2033*