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Improving health and care in Bristol, North Somerset and South Gloucestershire

Shingles Vaccine Eligibility in Immunosuppressed Patients

Background

The aim of the national shingles immunisation programme is to lower the incidence and severity of shingles in older people. There are two licensed shingles vaccines for use in patients over the age of 50 years[2,3]. Zostavax® contains live, attenuated virus and is contraindicated for patients who are severely immunosuppressed. Shingrix® is a non-live shingles vaccine. Following the discontinuation of Zostavax®, Shingrix® will replace Zostavax® in the routine immunisation programme.

The UK Health Security Agency (UKHSA) have recommended that from 1 September 2023, GPs should offer the non-live shingles vaccine Shingrix® to:
1) all those who are severely immunosuppressed from 50 years of age (with no upper age limit)
2) immunocompetent individuals from 60-79 years of age[1]. N.B. This is being rolled out over a period of years starting with those aged 65 and 70 (adults aged 70 to 79 years prior to 1st September 2023 will be eligible for vaccination until their 80th birthday).

Shingrix® is given as 2 doses, a minimum of 8 weeks apart, but ideally within 6 months for severely immunocompromised patients who require faster protection. Please refer to relevant vaccine's Summary of Product Characteristics (SPC) and The Green Book for more information.

Patient anticipating immunosuppressive therapy

The risk and severity of shingles is considerably higher amongst immunosuppressed individuals and therefore eligible individuals anticipating immunosuppressive therapy should be assessed for vaccine eligibility before starting treatment. Shingrix® can be administered post-immunosuppressive therapy initiation as it is a non-live vaccine. Vaccine eligibility can be checked in The Green Book. Specialist teams in BNSSG will recommend eligible individuals are vaccinated against shingles prior to starting potent immunosuppressants or biologic therapy and will communicate this with GP via the clinic letter, but initiation of immunosuppressant therapy will not be delayed.

Patients already on immunosuppressive or immunomodulatory therapy

Individuals aged 50 years with severe immunosuppression due to receiving immunosuppressive therapy should receive Shingrix® (see The Green Book Chapter 6 and Chapter 28a for eligibility*). Individuals with lower level of immunosuppression but who meet the national criteria (i.e. age 60 years or older in line with the current phased implementation starting with 65 and 70 year olds) should also receive Shingrix. There is no upper age limit for severely immunosuppressed individuals but the vaccine should be offered as soon as an individual becomes eligible to provide protection as early as possible.

Eligibility checker – refer to Green Book Chapter 6 and Chapter 28a for eligibility:

Offer the Shingrix® vaccine to eligible patients according to The Green Book. Please also see table* below for additional information about immunosuppressed patients.

Please note individuals aged 70-79 years who are immunocompetent and eligible under the previous routine vaccination schedule may be offered Zostavax® vaccine whilst supplies are used up.

Immunocompetent individuals who received Zostavax previously on the routine immunisation programme (between 70 and 79 years of age) are not eligible for additional doses of shingles vaccine and should not be revaccinated or offered Shingrix now. However, individuals who were given Zostavax routinely as part of the national programme and who have since become severely immunosuppressed can be offered 2 doses of Shingrix vaccine at a minimum interval of 8 weeks apart. There is no reason to leave any interval after previous Zostavax vaccine for this group (Please see the UKHSA Shingle vaccination: guidance for healthcare practitioners for details and updates).

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Disease modifying therapy	Timescale
Biologic therapy (including, but not exhaustive list, TNFi, T-cell co-stimulation modulators, IL6i, IL17i, IL12/23i, IL23i) and JAK inhibitors excluding rituximab	Current treatment or treatment in the past 3 months
B cell targeted therapies (including rituximab)	Current treatment or treatment in the past 6 months
Cyclophosphamide, ciclosporin	Current treatment or treatment in the past 6 months
Non-biological oral immune modulating drugs monotherapy (e.g. methotrexate >20mg per week (oral and subcutaneous), azathioprine >3.0mg/kg/day, mycophenolate >1g/ day), 6-mercaptopurine >1.5mg/kg/day.	Current treatment or treatment in the past 3 months
Short course of high-dose prednisolone (>40mg per day for >1 week)	Current treatment or treatment in the past 1 month
Medium term moderate to high dose corticosteroids (equivalent ≥20mg prednisolone per day) for more than 10 days	Current treatment or treatment in the past 1 month
Long term moderate dose corticosteroids (equivalent to ≥10mg prednisolone per day) for more than 4 weeks	Current treatment or treatment in the past 3 months
Prednisolone ≥7.5mg per day in combination with other immunosuppressants (other than hydroxychloroquine or sulfasalazine)	Current treatment or treatment in the past 3 months
Methotrexate (any dose) in combination with leflunomide	Current treatment or treatment in the past 3 months
IM Depo-Medrone 120mg	Current treatment or treatment in the past 1 month
Tacrolimus (oral/parenteral)	Current treatment or treatment in the past 6 months

*This table is based on information in Green Book **Chapter 28a** "Box: Definition of severe immunosuppression for the Shingrix vaccine programme" p7. It summarises local consensus on immunosuppressant therapies but is not an exhaustive list. An assessment of risks versus benefit may require advice from the specialist team. Seek specialist advice for treatment combinations that are not listed. Patients who have received non-systemic corticosteroids, such as intra-articular preparations are not considered sufficiently immunosuppressed and can wait until 60 years of age or older in line with the current phased implementation starting with 65 and 70 year olds for routine vaccination.

Cyclophosphamide, ciclosporin and IM- Depo-Medrone decisions are based on Specialist Team consensus

References:

1. UKHSA, 2023. Immunisation against infectious diseases: Shingles: the green book chapter 28a (from 15 March 2024) Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1174008/Shingles_Green_Book_on_Immunisation_Chapter_28a_26_7_23.pdf [Accessed 10/04/2024]
2. Merck Sharp & Dohme (UK) Limited, 2021. Summary of product characteristics: Zostavax. Available from: https://www.medicines.org.uk/emc/product/6101/smpc [Accessed 10/04/2024]
3. GlaxoSmithKline (UK), 2021.Summary of product characteristics: Shingrix. Available from: https://www.medicines.org.uk/emc/product/12054 [Accessed 10/04/2024]
4. UKHSA, 2023. Shingles vaccination: guidance for healthcare practitioners. Available from: https://www.gov.uk/government/publications/shingles-vaccination-guidance-for-healthcare-professionals [Accessed 02/05/2024].
5. UKHSA, 2023, Shingles: guidance and vaccination programme. Available from: https://www.gov.uk/government/collections/shingles-vaccination-programme [Accessed 02/05/2024].

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