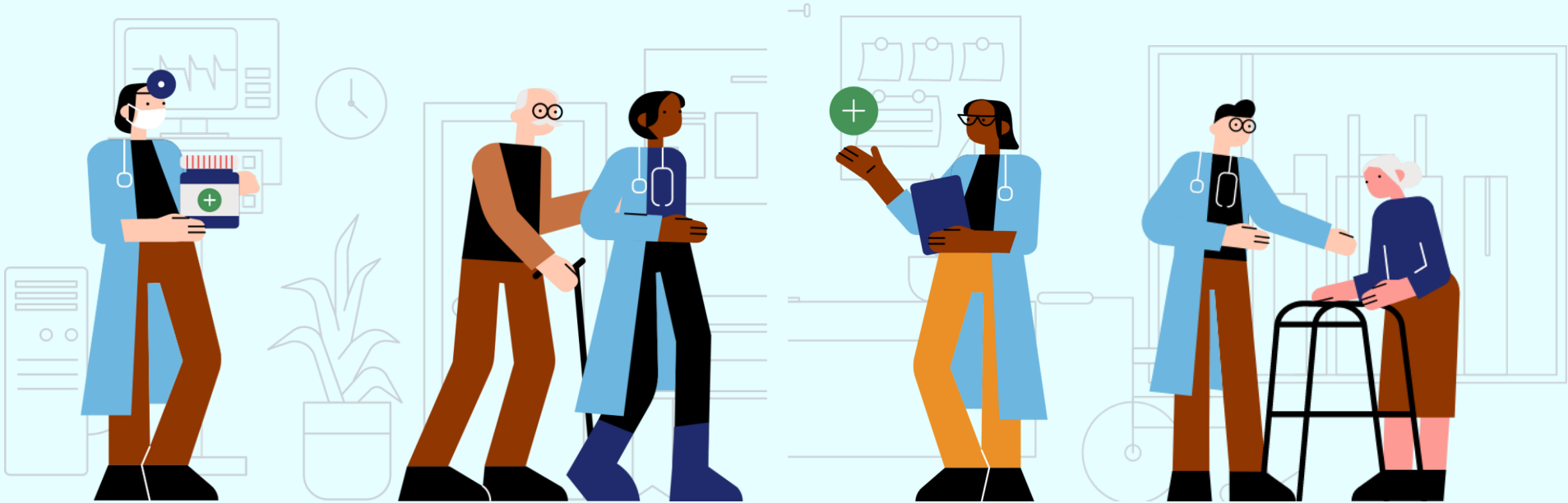
Shingles Vaccination Programme

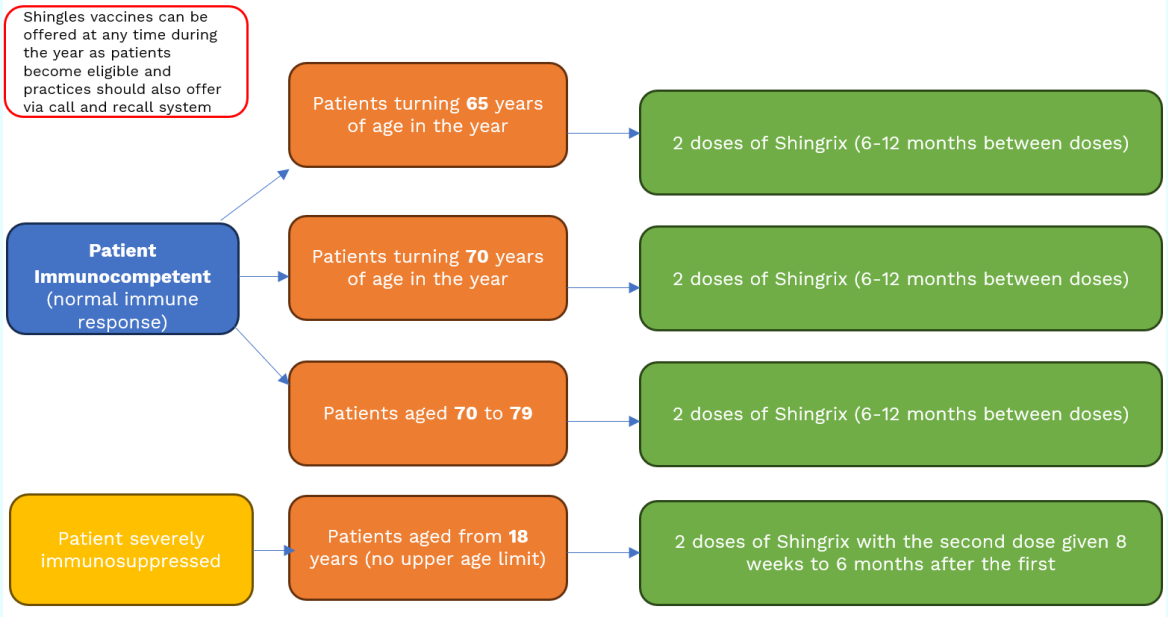
GP toolkit for improving uptake



Produced by the NHSE London Immunisation Commissioning Team – November 2025

At a glance - the Shingles programme

1. All newly eligible individuals are now offered 2 doses of the non-live shingles vaccine Shingrix®
2. Practices are required to undertake call/recall for **all newly eligible immunocompetent and severely immunosuppressed patients** Shingrix® can be co-administered with COVID-19, flu and PPV vaccines.



3. The eligibility for the immunocompetent cohorts will be expanded over a 10-year phased implementation timeline. Severely immunosuppressed patients from 18 years are eligible with no upper age limits. Download the Shingles Eligibility Calculator here. IT IS IMPORTANT TO REFER TO THE ELIGIBILITY CALCULATOR AND 10 YEAR PHASED TIMELINE

At a glance - Immunosuppressed

Green Book Shingles (herpes zoster) chapter
Green book chapter: Shingles

Box: Definition of severe immunosuppression for the Shingrix vaccine programme

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 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.

Aim of this toolkit

About 1 in 5 people who have had chickenpox develop shingles, predominantly those who are over 70. However, uptake rates of the shingles vaccine are falling in London and across England.

The purpose of this toolkit is to help you in your practice better protect your patients by suggesting ways to improve uptake of the shingles vaccine. 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 further capture best practice, so if you have any suggestions you think we should include in future updates of this toolkit please email england.londonimms@nhs.net.

Further information can be found on the London Region Immunisations webpage.

Contents

Shingles

What is shingles?

Shingles is an infection of a nerve and the area of skin around it. It is caused by the herpes varicella-zoster virus, which also causes chickenpox. Following chickenpox infection, the virus can lie dormant in the sensory dorsal root ganglia but may reappear following reactivation as shingles. Reactivation of this latent VZV infection, generally occurring decades later, causes shingles. It is possible to have shingles more than once. 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.

There is no cure for shingles and typically painkilling medication is provided to relieve symptoms. Shingles can be very painful and tends to affect people more commonly as they get older, and the older you are, the worse it can be. For some, the pain caused by shingles can last for many years. The risk of shingles is also higher in those with conditions such as diabetes or rheumatoid arthritis.

Post-Herpetic Neuralgia

Almost 30% of individuals develop a painful complication called post-herpetic neuralgia (PHN), which occurs when the reactivated virus causes damage to nerve fibres. This is persistent pain at the site of the shingles infection that extends beyond the period of the rash. It usually lasts from 3 to 6 months but can persist for longer.

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.

Incidence

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

Over **1,400 cases** are admitted to hospital

Around **14,000 cases** go on to develop postherpetic neuralgia (PHN)

Around **1 in 1,000 cases** result in death in people aged 70 and over

- The lifetime risk of developing shingles is 20-30% and the risk increases with age
- 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 PHN.
- The most effective method of preventing shingles is the shingles vaccination. Once the shingles vaccination course is completed, a patient will not need any more shingles vaccines.
- In the first five years since a shingles vaccine was introduced in England, there were 40,500 fewer GP consultations and 1,840 fewer hospitalisations for shingles and PHN among those aged 70-79 years.
- *Source: Green Book Shingles Chapter 12

Shingles Vaccination Programme

The vaccine

By having the vaccination, patients will significantly reduce their chance of developing shingles, and, if they do go on to have shingles, the symptoms are likely to be milder and the illness shorter, if they have been vaccinated.
All eligible patients should be offered the shingles vaccination by their GP **all year round**. To increase uptake, from the 1 September 2023 practices have been required to have a **call/recall system** in place

Changes to the programme

In 2019 JCVI recommended the replacement of Zostavax® (1 dose, live vaccine) with Shingrix® (2 dose, non-live vaccine) and further expansion of the cohorts for the shingles vaccination programme. The dosing interval Shingrix differs for immunosuppressed and immunocompetent patients. These changes were included in the 2023/24 GP Contract.

The NHS Shingles Vaccination Programme from 1 September 2025

All those **newly eligible** for the shingles vaccine should have two doses of Shingrix® (at least 8 weeks to 6 months apart for immunosuppressed and 6 months to 12 months for immunocompetent).

Those that are **Severely immunosuppressed** will be able to get the shingles vaccine from age 18 with no upper age limit to getting the vaccine.

*To note: this information has been taken from the [GOV.UK Shingles immunisation programme: information for healthcare practitioners] **updated** on 2 September 2025 and should be referred to for the most up to date information.*

The NHS Shingles Vaccination Programme from 1 September 2025

The offer to immunocompetent cohorts

Immunocompetent:

Immunocompetent individuals from 70 to 79 years of age who have not received shingles vaccine before are eligible for shingles vaccine up to their 80th birthday and should be offered two doses of the Shingrix vaccine.

The second dose of Shingrix may be offered 8 weeks after the first dose but for operational reasons a longer interval is currently being used with an interval of 6 months to 12 months between the 2 doses.

Immunocompetent individuals turning 65 and 70 years of age from 1 September in each programme year will be offered Shingrix vaccine and will remain eligible up to their 80th birthday. Those individuals who turn 66-69 from 1 September in each programme year (1 September – 31 August) will be invited in the year they turn 70.

The offer to severely immunosuppressed cohorts

From 1 September 2025, severely immunosuppressed individuals (eligibility as defined in slide 2 and the Green Book Shingles chapter) aged 18 years and over who have not received the shingles vaccine before are eligible for 2 doses of Shingrix vaccine.

The second dose should be given 8 weeks to 6 months after the first dose for this cohort. There is no upper age limit, but it is good practice to offer them vaccine as soon as they become eligible to provide protection as early as possible.

Shingles Vaccination programme other information to note

Other information to note:

- Individuals who have received Zostavax® previously should not be revaccinated with Shingrix®.
- Shingrix® should continue to be offered year-round.
- The shingles GPES extraction has been updated to accommodate these changes and technical guidance has been issued to practices ahead of implementation.
- For the shingles QOF indicator see here
- Click here to read more about payments
- Shingrix® can be co-administered with COVID-19, flu and PPV vaccines. Click here to read more about co-administration.
- Click here to read the updated guidance and further resources.

Recording

Recording

Accurate and timely recording of all vaccines given, and good management of all associated documentation, is essential as per the standards set out in the GMS Regulations and Statement of Financial Entitlement (SFE). All reasonable steps should be taken to ensure that the medical records of patients receiving the shingles vaccination are kept up to date and include any refusal.

There are 2 shingles surveillance systems in place: GP sentinel surveillance, and pain clinic surveillance. They monitor the effectiveness and impact of the vaccination campaign.

Coverage

Vaccine coverage data collection

Since September 2023 data has been collected for both the immunosuppressed and immunocompetent cohorts. Dose 1 and dose 2 coverage of the Shingrix® vaccination are also be collected.

GP practice-level shingles vaccine coverage and uptake is based on data automatically uploaded via participating GP IT suppliers to the ImmForm website* for annually and quarterly collections

You should check your practice performance and uptake rates regularly, by logging onto ImmForm. You can view past performance and uptake rates for the quarter. You will also see your denominator. Data is available for the routine and catch-up cohorts.

*ImmForm is a website used by UKHSA and NHS to collect data on vaccine coverage and provide vaccine ordering facilities for the NHS

Coding

Clinical SNOMED admin codes

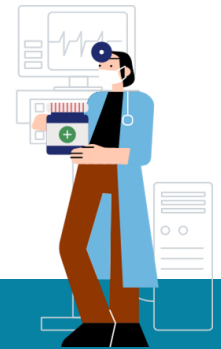
The correct clinical SNOMED admin code should be used to record that a shingles vaccination has been given. The clinical codes are the same across both shingles' services i.e., routine and catch-up cohorts. The data will be validated and analysed by UKHSA to check for data completeness, identify and query any anomalous results and describe epidemiological trends.

Correct Clinical SNOMED admin codes are shown on slide 15 and these should be used by GPs for recording the vaccination events to infer payment. The codes affect GP payments, therefore ensuring you have the correct coding is essential to receiving correct payment.

Recording, coverage & coding

Clinical SNOMED codes to record vaccinations administered

Cluster description	SNOMED concept ID	Code description
Requires shingles vaccination codes	1730561000000103	Requires vaccination against herpes zoster (finding)
Shingles GP vaccination codes	722215002	Administration of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)
Shingles GP vaccination codes	859641000000109	Herpes zoster vaccination (procedure)
Recombinant herpes zoster first vaccination codes	1326101000000105	Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)
Recombinant herpes zoster second vaccination codes	1326111000000107	Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)
Shingles other healthcare provider vaccination codes	868511000000106	Herpes zoster vaccination given by other health care provider (finding)



A note on eligibility

- Patients move in and out of eligibility (i.e. by turning 65 or 70 and then by turning 80 or by becoming severely immunosuppressed)
- Practices should review their eligible patients regularly, and ensure newly eligible patients are contacted to make them aware of their eligibility and invite them for their vaccinations

Identifying eligible patients

Patients often are not aware they are eligible, and therefore it is important the practice focuses on identifying eligible patients.
Download the Shingles Eligibility Calculator here.
To note: this information has been taken from the GOV.UK Shingles immunisation programme: information for healthcare practitioners on 2 September 2025 and should be referred to for the most up to date information.

From 1 September 2025 the severely immunosuppressed cohort has been expanded to offer Shingrix® to individuals aged 18 years and over, with no upper age limit.

Practices should call/recall for both immunocompetent and severely immunosuppressed individuals as they become eligible

Severely immunosuppressed individuals represent the highest priority for vaccination given their risk of severe disease.

There are a number of contra-indications for the shingles vaccination so you should refer to pages 8-9 in the Green Book, to check whether a patient is suitable to receive this vaccination.

These SNOMED codes can also be used to assist with identifying patients who are in the severely immunosuppressed cohort for the Shingrix® vaccine.

Eligibility for Shingrix® vaccine on the routine immunisation programme from 1 September 2025

Eligible cohorts for Shingrix®	Age	Number of doses	Schedule: Two doses a minimum of 8 weeks apart
Individuals who are severely immunosuppressed (eligibility as defined in the Green Book Shingles chapter 28a)	From 18 years of age [see note 1].	2 doses	0 and 8 weeks to 6 months
Immunocompetent individuals who have not previously received shingles vaccine [see note 2]	All 70 to 79 years of age (already eligible) [see note 3]. Those turning 65 and 70 years of age from 1 September 2023 (and then turning 65 and 70 years of age from 1 September in subsequent years) [see note 4].	2 doses	6 to 12 months

Notes

1. Individuals who are severely immunosuppressed remain eligible with no upper age limit but should be offered a vaccine as soon as they become eligible by age. They should be offered the second dose of vaccine after 8 weeks to ensure they are protected as early as possible.

2. See section on Vaccination of individuals who received shingles vaccine at an early age (outside the routine programme).

3. Immunocompetent individuals remain eligible until their 80th birthday; the second dose should be completed before the 81st birthday. The second dose should be offered at 6 months to 12 months (local operational guidelines may differ).

Co-administration

Make Every Contact Count

Co-administering vaccines is useful to best protect patients and to minimise unnecessary primary care attendances. Talk to your patients about shingles vaccination (and consider administering it) during other appointments, to save multiple attendances. If patients decline one vaccine, you should still encourage them to consider the shingles vaccination by explaining the benefits of this programme.

The Shingrix® PGD states that it can be co-administered alongside PPV23, COVID-19 and all flu vaccines. However, please regularly check both sets of guidance for the most up to date information.

The table on the next slide summarises which vaccines can be co-administered with Shingles.

Co-administration at a glance

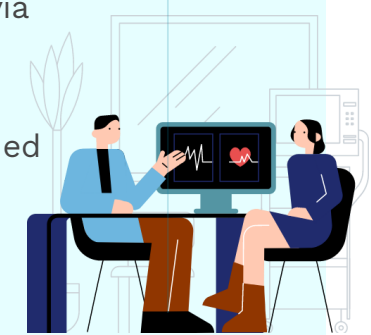
Shingles Vaccine	COVID-19 co-administration	Flu co-administration	PPV co-administration
Shingrix®	Shingrix® can be given at the same time as the COVID-19 vaccine	Shingrix® can be given can be given at the same time as all influenza vaccines	Shingrix® can be given at the same time as the 23-valent pneumococcal polysaccharide vaccine (PPV23)

Vaccine supply & ordering stock

Shingrix® is available to order online via the ImmForm website. See the ImmForm help sheet for information on registering for an ImmForm account. Healthcare practitioners should refer to this website and Vaccine update (the vaccination newsletter for healthcare practitioners) for up-to-date information on vaccine availability. As the programme is a year-round programme and not a seasonal programme, vaccines should be ordered regularly throughout the year.

Healthcare practitioners are reminded to only order what they need for a 2-to-4-week period rather than over-ordering or stockpiling vaccines. Vaccines should be ordered, stored and monitored as described in the Green Book chapter 3 (Storage, distribution and disposal of vaccines).

Ordering controls may be in place to enable the UK Health Security Agency (UKHSA) to balance incoming supply with demand. Details on ordering will be available on ImmForm and in Vaccine Update in due course. Please make sure that local stocks of vaccine are rotated in fridges to minimise wastage. It is recommended that practices hold no more than 2 weeks' worth of stock. Locally held stocks of Shingrix® ordered via ImmForm for the previous shingles immunosuppressed programme can be used for eligible cohorts in the expanded programme.



Inviting & informing patients

Offer a call/recall service

The shingles vaccination should be offered on a call/recall basis. Ensure that all eligible patients are recalled inviting them to have the vaccination. Follow up any non-responders, especially those from underserved communities, with letters and/or telephone calls/text messages.

To maximise safety and efficiency, it is worth pre-screening patients in the correct age band prior to recalling, to ensure patients for whom the vaccine is contraindicated are not inadvertently recalled

Pre-assessment telephone calls

Once a patient is booked in for an appointment, it can be useful to do a pre-assessment telephone call as this is a good opportunity to complete all the pre-vaccination checks – reviewing them for any contraindications and ensuring they do not currently have symptoms of viral illness.

Having a pre-assessment telephone call can also make it easier to co-administer vaccinations, as both staff and patient are aware of what they need to receive and the time it will take to administer both vaccines before they arrive, so can plan accordingly.

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, but practices should be aware of cost implications along with preferred methods of communication as confirmed by their patients

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.

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.

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.

Inviting & informing patients

Publicise shingles vaccination in your Practice and online

A range of public-facing resources are available and are free to download or order from Health Publications. Some examples of easy publicity approaches include:

displaying bunting, leaflets, and posters around the surgery and in clinic rooms

- Shingles Eligibility poster

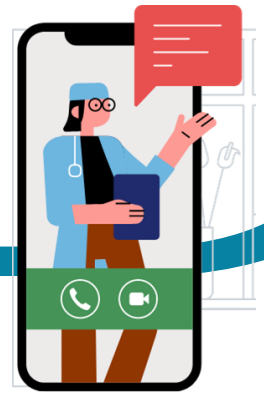
- adding messages to the waiting room TV screen

- advertise on the practice website with:
  - a shingles banner which is available to download for free
  - feature a link to the ShinglesAware website with information about shingles

- add a message to the prescription counterfoils

- publicise in patient newsletters

- download the banners to use on your digital displays



£ Payments

Essential service

The Shingles programme is an essential service and practices are required to actively call and recall patients for their vaccination and sign up to CQRS. There is an item of service payment of £10.06 per dose given to eligible patients.

Payment claims

The General Practice Extraction Service (GPES) and the Calculating Quality Reporting Service (CQRS) have been updated to reflect the changes to the shingles programme and technical guidance will be issued to practices ahead of implementation. All payment details are included in the Statement of Financial Entitlements and NHSE no longer issue service specifications. Claims for payments for this programme should be made monthly. Manual claims should be within 12 days of the end of the month when the completing dose was administered.

Where there is an automated data collection, there is a 5-day period following the month end to allow Practices to record the previous month's activity on their clinical system, before the collection occurs. Activity recorded after the collection period is closed (5 days) will not be collected and recorded on CQRS. Practices must ensure all activity is recorded by the cut-off date to ensure payment. Payment will be made by the last day of the month following the month in which the Practice validates, and commissioners approve the payment.

Payments will commence provided that the GP practice has checked and declared automatic extraction. Practices should not declare incorrect extractions and must raise a query with the team to have their item amended. The team can be contacted at england.londonimms@nhs.net.

There is a strict 6-month time limit to declare claims or raise queries. All the requirements that must be met for payment can be found in the GP contract. As the vaccine is centrally supplied, no claim for reimbursement of vaccine costs or personal administration fee applies.

More tips and information

Who can administer the vaccine

In addition to GPs and nurses, healthcare assistants can administer the shingles vaccine if they are appropriately trained, meet the required competencies, and have adequate supervision and support. Please refer to the PGD for a full list of professional groups who can administer the vaccine.

- National Minimum Standards and Core Curriculum for Vaccination Training

Practices should ensure the correct dosage is administered as directed in The Green Book, Chapter .

Searches, alerts and pop ups

Add shingles alerts and pop-ups onto your clinical system. Work with your system supplier to set up an all-inclusive search for patients who are eligible who have not already received their shingles vaccination. Filter any patients out that are contra-indicated for the shingles vaccination.

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 cannot 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.

Care homes and housebound patients

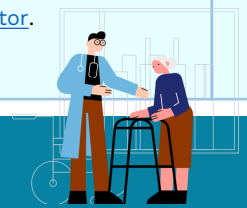
Ensure that you run immunisation clinics at any nursing and care homes that your Practice serves. Not only will this ensure that these patients are offered their shingles vaccination, but it also provides an easy opportunity to administer the vaccine to a larger number of eligible patients and can occur when administering other vaccines, such as COVID-19, flu and PPV23.

Make sure your housebound patients are offered the vaccine too, with or without their annual flu vaccination.

District nurses are also able to administer the shingles vaccine.

Resources

Public facing resources	Updated guidance	Training resources
• All patient-facing resources and the health professional posters can be ordered free of charge from Health Publications. All users need to register to receive deliveries. If you register as a health professional, you can order 500 to 1000 copies on the website. For larger quantities, please call 0300 123 1002 or email HealthPublicationsCST@theapsgroup.com. ➢ Shingles full programme poster ➢ Shingles quick guide poster ➢ Shingles leaflet ➢ Shingles poster for patients ➢ Shingles record card ➢ Shingles stickers ➢ Shingles postcard and invitation postcard ➢ Shingles web and social media banners • Shingles vaccination guide includes information on shingles and the benefits of vaccination for adults and a postcard to invite eligible patients. • UK complete immunisation schedule • Shingrix® Patient Information leaflet	• The Green book chapter . There will be 2 Green Book Shingles chapters listed prior to 1 September 2023: ➢The current chapter that includes information about Zostavax®. ➢The updated chapter for use from 1 September 2023 onwards. ➢The original chapter will be removed once supply of Zostavax® is no longer available through ImmForm. • Shingles vaccination programme webpage has been updated. • Healthcare practitioner information and guidance to support the Shingrix® programme including e-learning and a training slide set can be found on the Shingles vaccination guidance for healthcare practitioners webpage. • The Shingrix® PGD has been updated. • The FutureNHS Shingles Vaccination workspace contains a wide range of resources for all healthcare professionals. • Guidance on the Shingrix® vaccine for people with weakened immune systems. • Download the Shingles Eligibility Calculator.	• The shingles vaccination checklist has been designed to help immunisation practitioners plan their shingles immunisation programme. • Consider running a training and information session for colleagues using the training slide set for healthcare professionals. • Vaccine update - this is a monthly vaccination newsletter for health professionals and immunisation practitioners that describes the latest developments in vaccines, vaccination policies and procedures. There is a special edition about the changes to the shingles vaccination programme: Vaccine update: issue 340, July 2023, shingles special edition, published 11 July 2023. Sign-up to receive the newsletter by email.



Resources

More useful links
The links below are useful to enable you to identify eligible patients: a. E-learning for healthcare b. Shingles, Green Book, chapter c. Practice checklist d. Shingles: guidance and vaccination programme e. Shingles vaccination: guidance for healthcare practitioners f. Shingles vaccine eligibility calculator g. Shingles vaccine eligibility posters h. Public health resources

FAQs

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

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended an expansion of the programme to allow individuals to be protected at an earlier age, particularly those who are severely immunosuppressed

FAQs

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 who are not severely immunosuppressed 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 who are severely immunosuppressed. 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 a patient have the shingles vaccine if they have already had shingles?

If a patient has already had shingles, they can still have the shingles vaccine. The shingles vaccine works very well in people who have had shingles before, and it will boost their immunity against further shingles attacks. There is no specific time that patients should wait after having shingles before having the shingles vaccine. However, it is generally recommended that you should wait until the rash has completely resolved

FAQs

If a patient has not had chickenpox before, should they still receive the shingles vaccine?

Yes. The chances are that they 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.

Does getting the shingles vaccine give patients full protection against shingles?

Getting the shingles vaccine does not guarantee a patient will not get shingles, but it will significantly reduce their chances. If they do get shingles, the vaccine is likely to make the symptoms milder and the illness shorter. They are also less likely to get shingles complications, such as post-herpetic neuralgia. Once their course is completed, they will not need any further shingles vaccines.

If a patient has missed their shingles vaccine, how can they catch up?

If they have missed the shingles vaccine, they can still have it up to their 80th birthday, or if they have a weakened immune system, they can have it at any age over 18. It's important they do not leave it too late to have the vaccination.

FAQs

Will patients need a booster dose?

There is currently no booster dose for shingles in the NHS vaccination schedule – once a patient finishes their vaccine course of either Shingrix® or Zostavax® they 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.

What are the potential side effects of the shingles vaccine?

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 patients should discuss this with their GP or practice nurse.

How can I check if a patient is classified as having a weakened immune system?

You can check the Shingles Green Book chapter 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 18+ from 1 September 2025.

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

For further information please contact NHSE London Immunisation Commissioning Team at:

england.londonimms@nhs.net