



Shingles Vaccination Programme

Toolkit for improving uptake

Midlands Screening & Immunisations Teams

Derbyshire & Nottinghamshire (DeNo) &
Leicestershire, Lincolnshire & Northamptonshire (LLN):
England.emids-imms@nhs.net

West Midlands: England.wmid-imms@nhs.net

Aim of this toolkit



Shingles affects 1 in 4 people and predominantly those who are over 70. However, uptake rates of the shingles vaccine are falling in England. 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 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 capture best practice, so if you have any suggestions that you think we should include in future updates of this toolkit, please email your local Screening and Immunisations Team.

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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**



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 painkilling medication is provided to relieve symptoms.

The Shingles Vaccination

Zostavax® is currently the shingles vaccine used in the UK. A single dose has been shown to reduce the incidence of shingles by 38%. If shingles does develop, the symptom severity is greatly reduced, and the incidence of post-herpetic neuralgia (PHN) drops by 67%.

Shingrix® is also now available to enable the vaccination of those who cannot have the live vaccine Zostavax® due to it being contra-indicated. Shingrix® should only be offered where the Zostavax® vaccine is contra-indicated. Practices can give this under the GMS contract. Shingrix® requires a 2-dose schedule, with the second dose administered from 2 months (and ideally within 6 months) following the first dose. Those who present more than 6 months after the first dose can receive a single completing dose at any stage in line with the Green Book advice.

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

All eligible patients should be offered the shingles vaccination by their GP all year round. To increase uptake practices should have a call-recall system in place. Further information about the programme can be found here [Annexe A: shingles vaccine information and guidance for healthcare professionals - GOV.UK \(www.gov.uk\)](#) [B0862 Shingles vaccine Shingrix letter \(publishing.service.gov.uk\)](#)

Identifying eligible patients



Who is eligible?

Individuals become eligible for vaccination against shingles when they turn 70 years of age, and all those aged up to and including 79 years are now eligible to receive the vaccine until they turn 80 years of age. **From 1 September 2020, vaccination can be given to all 70 to 79 year olds provided there are no contra-indications.**

70 year olds are part of the **routine** cohort. Any 78 and 79 year olds are part of the eligible **catch-up** cohorts. Please refer to the update on vaccination and immunisation changes for 2021/22 for more information: [NHS England » Update on vaccination and immunisation changes for 2021/22](#)



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

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.

Helpful links:

- E-learning: <https://www.e-lfh.org.uk/programmes/immunisation/>
- Shingles, The Green Book, chapter 28a: <https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a>
- Shingles Slide Deck to share learning with your team: <https://www.gov.uk/government/publications/shingles-vaccination-guidance-for-healthcare-professionals>
- MSD Training resources: <https://www.msdconnect.co.uk/training-resources/zostavax.xhtml>
- Shingles poster: <https://www.gov.uk/government/publications/shingles-vaccination-eligibility-poster>
- Zostavax® & Shingrix® PGD Templates: <https://www.gov.uk/government/collections/immunisation-patient-group-direction-pgd>
- Derbyshire Zostavax® & Shingrix® PGDs: http://www.derbyshiremedicinesmanagement.nhs.uk/medicines-management/clinical-guidelines/patient_group_directions
- Nottinghamshire Zostavax® & Shingrix® PGDs: <https://www.nottinghamshiremedicinesmanagement.nhs.uk/policies-and-documents/medicines-management-policies/patient-group-directions-pgds/>
- Leicestershire, Lincolnshire & Northamptonshire Zostavax® & Shingrix® PGDs: <https://www.england.nhs.uk/midlands/information-for-professionals/leicestershire-lincolnshire-northamptonshire-screening-and-immunisation-team-sit/patient-group-directions-pgds/>
- West Midlands Zostavax® & Shingrix® PGDs: <https://www.england.nhs.uk/midlands/information-for-professionals/information-for-professionals-west-midlands-screening-and-immunisation-team-sit/west-midlands-immunisation-service/patient-group-directions-pgds/>

Ordering stock & creating alerts



Vaccine Ordering

Zostavax® and Shingrix® 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.

Please note each dose of Zostavax® costs the NHS £99.96. 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.

Searches, alerts & 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 aged between 70 and 79 years who have not already received their shingles vaccination.

Filter any patients out that are contra-indicated for the shingles vaccination.

The link below provides you with a video tutorial on conducting searches and sending out communication to eligible patients. Please note you will need to click on the 'I am a Health Professional' button once you click on the MSD link and register for a free account to view the tutorial:

EMIS: <http://www.msdconnect.co.uk/therapy-areas/vaccines/emis-for-shingles.xhtml>

SystemOne: <https://www.msdconnect.co.uk/training-resources/shingles/find-patients.xhtml>

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 are needed, including identifying 'ghosts' – patients who have transferred out of the area or died, but are still sent invitations for vaccinations.



Contra-indications



Contra-indications

There are a number of contra-indications for the shingles vaccination so you should refer to the Green Book to check whether a patient is suitable to receive this vaccination:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/503773/2905109_Green_Book_Chapter_28a_v3_0W.PDF

Shingles vaccination: guidance for healthcare professionals: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696498/Shingles_information_for_healthcare_professionals.pdf

Further training resources:

MSD: <https://www.msconnect.co.uk/training-resources/zostavax.xhtml>

NB Recent infections are NOT usually a contra-indication. With the exception of shingles or chickenpox, individuals who have had any other infection, including COVID-19, can receive Zostavax and Shingrix once they have recovered from the acute illness and have completed the recommended isolation period. As always, however, please check current guidance as this may change.



Inviting & informing patients



Offer a call/recall service

It is considered good practice to offer the shingles vaccination on a call-recall basis. Ensure that all eligible patients are recalled to invite them to have the vaccination. Follow up any non-responders with letters and/or telephone calls.

To maximise safety and efficiency, it is worth pre-screening patients in the correct age band prior to recalling 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, but practices should be aware of cost implications.

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 Zostavax® birthday cards at:

<http://msdvaccines.medisat.com> GSK provide Shingrix® appointment reminder cards and posters at: <https://gskpro.com/en-gb/resources/>

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 & online

Some examples of easy publicity approaches include:

- Display bunting, leaflets and posters around the surgery and in clinic rooms.
- Add messages to the waiting room TV screen; a short animation is available at: <https://www.healthpublications.gov.uk/ViewArticle.html?sp=Sshinglesvaccineallyearround> (NB This link may need to be copied & pasted into web browser.)
- Advertise on the practice website:
 - A banner is available to download here: <https://www.healthpublications.gov.uk/ViewArticle.html?sp=Sshinglesvaccinationforadultsaged7078or79yearsage42> (NB This link may need to be copied & pasted into web browser.)
 - Feature a link to the ShinglesAware website with information about Shingles: <https://www.shinglesaware.co.uk/>
- Add a message to the prescription counterfoils.
- Publicise in patient newsletters.

Making 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 Zostavax® vaccination can be given at the same time as the pneumococcal and influenza vaccination, although should be administered in different sites, and ideally different limbs. The injection site should be recorded.

Please note Shingrix® can be given concomitantly with inactivated influenza vaccine. Because of the absence of data on co-administration of Shingrix® vaccine with adjuvanted influenza vaccine, it should not be routine to offer appointments to give this vaccine at the same time as the adjuvanted influenza vaccine. Based on current information, scheduling should ideally be separated by an interval of at least 7 days to avoid incorrect attribution of potential adverse events. Where individuals attend requiring both vaccines, however, and require rapid protection or are considered likely to be lost to follow up, co-administration may still be considered. See Green Book chapter 28a.

During the COVID-19 pandemic



Changes to vaccine delivery

Given the COVID-19 pandemic, it is important to protect the over 70s, prevent ill-health due to shingles and avoidable hospital admissions and minimise impact on the NHS and social care.

Vaccination programmes need to take into account:

- Social distancing.
- 'Making every contact count' to reduce multiple attendances.
- Communicating to patients that it is safe to come to surgery for their vaccination.

Check in on your elderly patients

With elderly people the most likely to feel isolated during the pandemic, a phone call inviting them to a vaccination appointment is a good opportunity to check they are managing okay at home and can provide some social contact that they may currently be missing.

Dovetailing & flu clinics

Dovetailing vaccines (or giving them at the same time as another jab or appointment) is useful to best protect patients and minimise unnecessary attendances in the surgery. If patients decline one vaccination, do still encourage them to consider the shingles vaccination by explaining the benefits of this programme.

The flu programme is an ideal time to offer the shingles vaccine to 70-79 year olds – see previous slides regarding co-administration and contra-indications. Currently, the shingles vaccine cannot be dovetailed with any of the COVID vaccines in use, but guidance is constantly changing and this information will be updated accordingly.

Pre-assessment telephone calls

It can be useful to do a pre-assessment telephone call to reassure the patient about their safety when attending the surgery and explain how appointments are being carried out differently.

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 make it easier to dovetail 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.

Social distancing & PPE

Practices should reassure individuals that the most up-to-date guidance on maintaining social distance in the waiting room (e.g. separating individuals by 1m plus where 2m is not possible) and decontamination of premises and equipment is being strictly followed in line with Public Health England (PHE) guidance on Infection Prevention and Control (IPC).

In practice, this may be achieved by adjusting appointment times to avoid waiting with others. In some areas, practices may also be working with neighbouring practices to deliver COVID-19 and non-COVID-19 activity on separate sites. Compliance with national advice from PHE and others on preventing spread of coronavirus through appropriate infection control measures will help ensure patients and their carers feel confident that it is safe to attend for vaccination.

Shingles clinics or coffee mornings

Preparing for a Shingles Coffee Morning

As the number of patients eligible for shingles is fairly low in each practice, a coffee morning may be a good way to cover much of the eligible cohort in a single go. **Currently, holding a clinic may not be practical due to Covid.** This initiative had been a success pre-Covid and it might be considered when social distancing measures are lifted. Here's how to organise your coffee morning.

Set up your Clinic

Secure time for clinic including set up.

Tell us about your Coffee Morning

Email your local Screening & Immunisations Team with the following information:

- Email Subject title: Shingles Coffee morning
- Date of your coffee morning
- Estimated number of patients to be vaccinated

- Derbyshire & Nottinghamshire & Leicestershire, Lincolnshire & Northamptonshire: England.emids-imms@nhs.net
- West Midlands: England.wmid-imms@nhs.net

On the day of your Coffee Morning

Ensure that patients are effectively reviewed for contra-indications prior to administering any vaccine.

Order your Materials

Order your FREE MSD Shingles Coffee Morning pack (delivery within 7-10 days). Go on to the following website:

<http://msdvaccines.medisa.com> and order these suggested items:

- 1 x Bunting
- 2 x Leaflet (Pack of 20)
- 3 x Poster
- 2 x Invitation Letter (Pack of 20)
- 2 x 70 Birthday Cards – (Pack of 20)
- 2 x 78 Birthday Cards – (Pack of 20)

Tell your Patients & Staff about your Coffee Morning

While waiting for your Coffee Morning kit to be delivered downloads can be used to raise awareness amongst HCPs and patients and get more people vaccinated against Shingles.



Shingles clinics trialled by 2 practices in Nottinghamshire have been found to be hugely successful in increasing uptake. Typically resulting in attendance rates in excess of 87%

Coding & recording



Clinical codes

The correct 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 for Zostavax®. The Shingrix® codes are specified by routine and catch up cohorts.

SHINGLES CLINICAL CODES SNOMED	
HERPES ZOSTER VACCINATION	859641000000109 OR 722215002
HERPES ZOSTER VACCINATION CONTRA-INDICATED	868531000000103
HERPES ZOSTER VACCINATION DECLINED	868551000000105 OR 723062007
NO CONSENT FOR HERPES ZOSTER VACCINATION	868601000000108
DID NOT ATTEND HERPES ZOSTER VACCINATION	869131000000101
HERPES ZOSTER VACCINATION GIVEN BY OTHER HEALTHCARE PROVIDER	868511000000106
RECEIPT OF FIRST DOSE OF SHINGRIX®	1326101000000105
RECEIPT OF SECOND DOSE OF SHINGRIX®	1326111000000107
RECEIPT OF FIRST DOSE OF SHINGRIX® WHEN AGED 79	1326101000000105
RECEIPT OF SECOND DOSE OF SHINGRIX® WHEN AGED 80	1326111000000107

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

<https://www.gov.uk/government/publications/shingles-immunisation-programme-introduction-of-shingrix-letter/annexe-b-shingles-vaccine-coverage-data-collection>



Recording

GPES auto-extracts Shingles data.

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

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. Payment is an item of service payment of £10.06 per patient vaccinated to eligible patients.

Payment Claims

NHS Digital will publish a full list of the extraction criteria and eligible codes for payment purposes. All payment details will be included in the Statement of Financial Entitlements from 1 April 2021 and NHSE/I will 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 five 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 (five 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.gp-contracting@nhs.net.

There is a strict six month time limit to declare claims or raise queries.



Shingles & QOF

The Shingles vaccination programme now attracts QOF points. Indicator VI004 based on NM201 measures 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 years. 10 QOF points are available on achievement of a threshold of 50-60%.

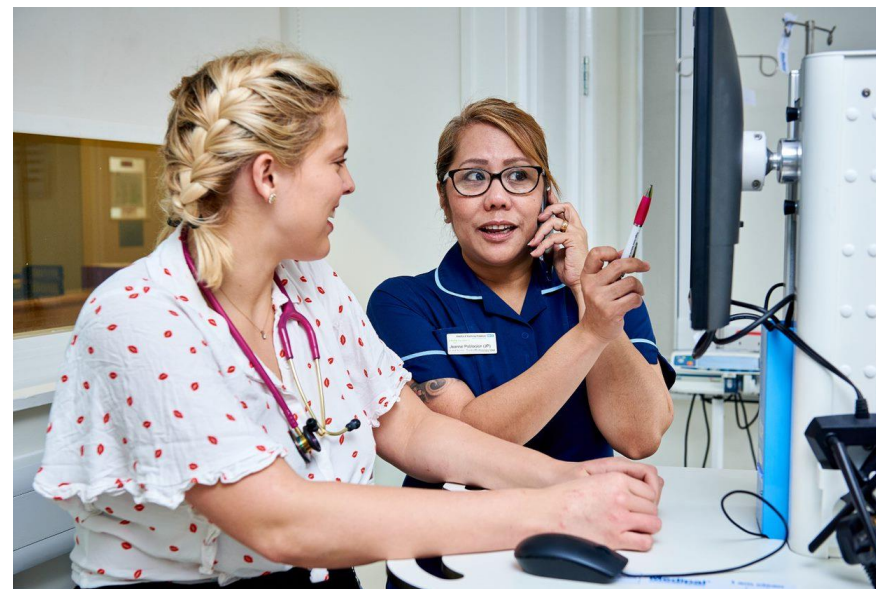
Payments



Requirements for payment

All of the following requirements must be met for payment:

- a. The GP practice is contracted to provide vaccine and immunisations as part of additional services.
- b. All patients in respect of whom payments are being claimed were on the GP practices registered list at the time the vaccine was administered and all of the following apply:
 - i. The GP practice administered the vaccine to all patients in respect of whom the payment is being claimed.
 - ii. All patients in respect of whom payment is being claimed were within the cohort (as per the service specification section) at the time the vaccine was administered.
 - iii. The GP practice did not receive any payment from any other source in respect of the vaccine.
 - iv. The GP practice submits the claim within six months of administering the vaccine.



Vaccine costs

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

More tips & information



Dosage

Practices should ensure that the correct dosage is administered as directed in The Green Book, Chapter 28a.

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. They are not covered by the NHS PGD, and therefore a Patient Specific Direction (PSD) is required, which ensures that each patient has been screened for contraindications prior to issuing the PSD.

Care Homes & Housebound patients

Run immunisation clinics at any nursing 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 large number of eligible patients and can occur when administering other vaccines such as flu and pneumococcal.

It is particularly important during the pandemic to dovetail vaccinations in order to limit multiple contacts with care homes and reduce viral transmission – try to do everything in one visit.

Make sure your housebound patients are offered the vaccine too - with or without their annual influenza vaccination. District nurses may be able to administer the shingles 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=%2fhome.aspx>

Vaccine Coverage Summary		Full Report		Datasource breakdown						
Org Code	Org Name	Response Summary			Total vaccine coverage for the Routine Cohort		Total vaccine coverage for the Catch-up Cohort			
		No. of practices	No. of forms completed	% of practices responding	Registered Patients aged 70	Received the Shingles vaccine		Registered Patients aged 78	Received the Shingles vaccine	
						No of patients	% Coverage		No of patients	% Coverage

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.