For UK HCPs. Adverse event reporting and prescribing information can be found on pages 7 & 8.

Developed and funded by GSK

Shingles National Immunisation Programme – An overview

A guide to effective implementation

STEP 1 IDENTIFY ELIGIBLE PATIENTS

As shingles vaccination is non-seasonal and can be given all year round,[1] searches for eligible patients should be carried out regularly. This will ensure patients are identified as they become eligible and leads to a manageable patient load for you and your clinic.

Who is eligible for the shingles vaccine?[1]

How old is your patient?

Eligible	**50** and over **with a severely weakened immune system*** **(severely immuno-compromised)** **They're eligible now** ✓	Turning **65** **from 1st September 2023** **They'll be eligible from their 65th birthday** ✓	**70 to 79** **They're eligible now** ✓
Not eligible	**Under 50 with a severely weakened immune system**	**Those aged 65-69 years before 1st Sept 2023 are not eligible until their 70th birthday**	**80 and over**

***Patients receiving a stem cell transplant may be eligible from age 18.**

Visit illuminate for more information on eligibility for severely immunocompromised individuals.

https://peersinpractice.gsk.com/immunisation-hub/implementation-for-severely-immunocompromised-patients/

illuminate is organised and funded by GSK, and contains promotional information.

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How to set up searches

To support the simplification of patient identification, pre-populated system searches compiling SNOMED codes that indicate eligibility for shingles vaccination have been developed. Visit illuminate* to download.

Download search files here

https://peersinpractice.gsk.com/immunisation-hub/vaccine-education/system-searches-for-patient-identification/

illuminate is organised and funded by GSK, and contains promotional information.

The system searches have been developed by GSK in partnership with Interface Clinical Services. They do not make clinical decisions and are not intended to replace individual clinical judgment of the HCP using the search outputs. Clinical review is required of the lists created.

If you identify a lot of eligible patients, break them down into smaller, more manageable groups, by identifying how many you need to vaccinate each week to ensure clinic capacity remains optimal.

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STEP 2 SETTING UP A DEDICATED SHINGLES VACCINATION CLINIC

1. Discuss as a team and plan the logistics of how to best deliver a dedicated clinic within your practice

2. Offer a variety of appointments to accommodate the availability of eligible patients (early morning/evening/weekend slots)

3. Communicate to eligible patients about the availability of the vaccination clinic using the tools you have available to you (SMS recall and booking, phone calls, letters)[2]

4. Implement an appointment system, specific to the clinic, to manage patient flow and reduce wait times

5. Identify existing clinics with available capacity, including those with extended hours or enhanced access

6. Invite patients for the shingles vaccination when they are attending the practice for other appointments to boost opportunistic deliveries

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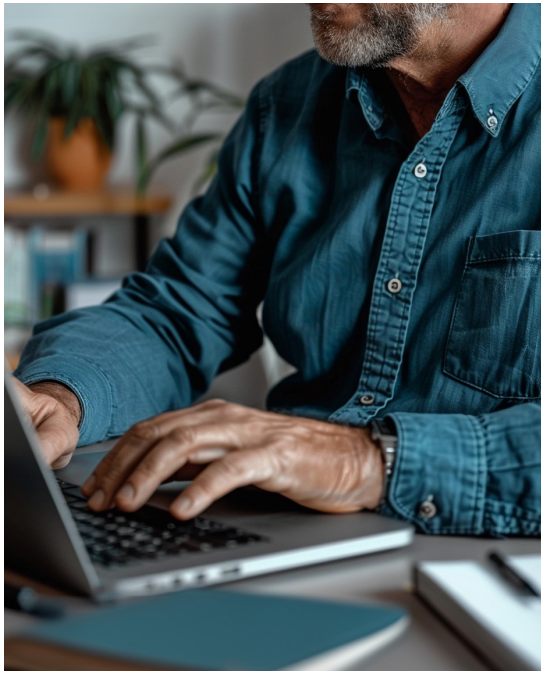
STEP 3 SENDING OUT INVITES

Tips for an effective call and recall system

- Proactively offer patients the vaccine as soon as they become eligible
- Recall patients at least twice if they fail to respond to invitations
- Invite patients to attend dedicated shingles clinics, as clinics represent the best opportunity to vaccinate a high number of people
- Encourage patients to discuss any concerns with you face to face, or over the phone
- Regularly check that the preferred method of communication recorded for your patients is correct and up to date
- Offer vaccinations opportunistically when eligible patients are already attending appointments if appointment time allows (but don't rely on this method alone!)



Remember, SHINGRIX (herpes zoster vaccine, recombinant, adjuvanted) can be co-administered with a number of vaccines, including the unadjuvanted inactivated seasonal influenza vaccine, 23-valent pneumococcal polysaccharide vaccine (PPV23) and coronavirus disease 2019 (COVID-19) messenger ribonucleic acid (mRNA) vaccine.[3,4] It can also be given all year round.[1] Refer to SHINGRIX summary of product characteristics for further information.

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STEP 4 QUESTIONS TO KEEP IN MIND WHEN TALKING TO PATIENTS

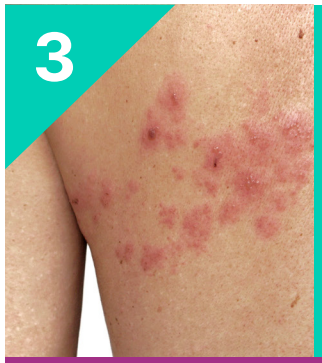
1

Do we have enough time in an existing appointment to offer the shingles vaccination?

2

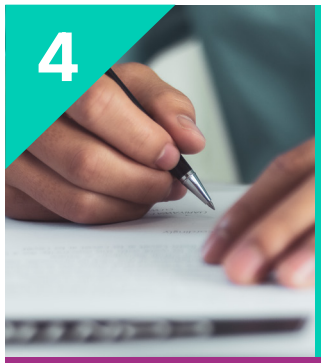
Do they have any questions or reservations about the shingles vaccine that are stopping them from responding?

3



Do they understand the burden of disease and the importance of vaccination?

4



When will they be due their second dose, and can I book that appointment now or set a reminder?

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STEP 5 ENSURING TWO-DOSE COMPLIANCE

SHINGRIX is a two-dose schedule[1,3,4]

The second dose of SHINGRIX is required to complete the vaccination course. A four-fold increase in cellular immunity was observed following the second dose of SHINGRIX compared to after the first dose only.[5*]

After dose one

After dose two

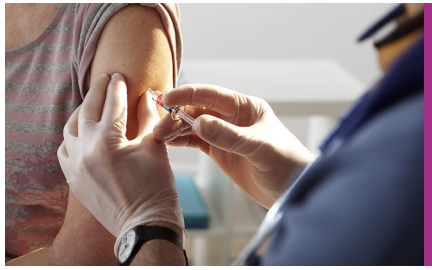
Speaking to patients

"Completing both doses of the shingles vaccination is crucial for your long-term immunity.

The first dose starts your initial protection, but the second dose is essential to substantially strengthen your immune system against the shingles virus.

When receiving your first dose, book in for your second if possible and ask for a reminder – missing doses can compromise your immunity against shingles."

Important information: SHINGRIX is given as a two-dose schedule. The guidance for administration of the second dose as part of the National Immunisation Programme differs from the Summary of Product Characteristics. Dosing intervals differ for immunocompetent and severely immunocompromised individuals.



It's important to regularly assess your practice's uptake to determine how effective your implementation strategies are. Here are our top tips:

- Have someone responsible for managing and updating the searches
- Cross-reference those that are eligible and those that have had their first and second dose

*Phase 2, single-blind, randomised controlled study in adults ≥60 years. One of the study groups (N=146) assessed immunogenicity following each dose of SHINGRIX (two doses, 2 months apart). Median immunoglobulin E (IgE)-specific cluster of differentiation 4 (CD4+) T cell expressing at least two activation markers per 106 cells (Q1, Q3) was 122.18 (62.3–290.22) at baseline, 382.57 (236.79–615.51) at 2 months after dose one, and 1,755.39 (1,210.8–2,987.71) at 1 month after dose two.

Please refer to the next page for Shingrix prescribing information for Northern Ireland

Prescribing information – GB

Please consult the Summary of Product Characteristics (SPC) before prescribing

Shingrix Herpes zoster vaccine (recombinant, adjuvanted). Shingrix powder and suspension for suspension for injection. **Composition:** Following reconstitution, one 0.5ml dose contains 50µg Varicella Zoster Virus glycoprotein E antigen adjuvanted with $AS01_B$ (containing 50µg of *Quillaja saponaria* Molina, fraction 21 (QS-21) and 50µg of 3-O-desacyl-4'-monophosphoryl lipid A (MPL). **Uses:** Prevention of herpes zoster (HZ) and post-herpetic neuralgia (PHN), in adults 50 years of age or older and adults 18 years of age or older at increased risk of HZ. Use of Shingrix should be in accordance with official recommendations. **Dosage and administration:** Primary vaccination schedule consists of two doses of 0.5 ml each: an initial dose followed by a 2nd dose 2 months later. If flexibility is needed, second dose can be given between 2-6 months after the first. For those who are or might become immunodeficient/immunocompromised and who would benefit from a shorter schedule, the 2nd dose can be given 1-2 months after the initial dose. Shingrix is for IM administration only. Shingrix must be reconstituted prior to administration. The need for booster doses following the primary vaccination schedule has not been established. **Contra-indications:** Hypersensitivity to the active substances or to any of the excipients. **Special warnings and precautions:** Shingrix is not indicated for prevention of primary varicella infection. Prior to immunisation, appropriate medical treatment and supervision should always be readily available in case of an anaphylactic event following administration. Administration of the vaccine should be postponed in subjects suffering from an acute severe febrile illness. A protective response may not be elicited in all vaccinees. The vaccine is for prophylactic use only and is not intended for treatment of established clinical disease. Shingrix should not be administered intradermally or intravascularly. Subcutaneous administration is not recommended; and maladministration via this route may lead to an increase in transient local reactions. Shingrix should be given with caution to individuals with thrombocytopenia or any coagulation disorder since bleeding may occur following IM administration. Syncope (fainting) can occur following, or even before, any vaccination. This can be accompanied by neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. In a post-marketing observational study, an increased risk of Guillain-Barré syndrome was observed during the 42 days following vaccination; available information is insufficient to determine a causal relationship. There are no safety, immunogenicity or efficacy data to support replacing a dose of Shingrix with a dose of another HZ vaccine. There are limited data to support the use of Shingrix in individuals with a history of HZ. Therefore, the benefits and risks of HZ vaccination should be weighed on an individual basis. **Interactions:** Can be given concomitantly with unadjuvanted inactivated seasonal influenza vaccine, 23-valent pneumococcal polysaccharide vaccine (PPV23), 13-valent pneumococcal conjugate vaccine (PCV-13) reduced antigen diphtheria-tetanus-acellular pertussis vaccine (dTpa) or COVID-19 messenger ribonucleic acid (mRNA) vaccine. Vaccines should be administered at different injection sites. Fever and shivering were more frequent when PPV23 vaccine is co-administered with Shingrix compared to Shingrix alone. In adults 50 years and above, systemic adverse reactions that are very commonly reported (such as myalgia, fatigue, and headache) and arthralgia (which is uncommonly reported) following administration with Shingrix alone were reported with increased frequency when Shingrix was co-administered with a COVID-19 mRNA vaccine. Concomitant use with other vaccines than those listed above is not recommended due to lack of data. **Ability to drive and use machinery:** May have a minor influence on the ability to drive and use machines in the 2-3 days following vaccination. **Pregnancy and lactation:** No data in pregnancy, as a precautionary measure, it is preferable to avoid the use of Shingrix during pregnancy. The effect on breast-fed infants of administration of Shingrix to their mothers has not been studied. **Adverse reactions:** See SPC for details of other adverse reactions. *Very Common:* Headache, GI symptoms (including nausea, vomiting, diarrhoea and/or abdominal pain), myalgia, injection site reactions (such as pain, redness, swelling), fatigue, chills, fever. *Common:* injection site pruritus, malaise. *Serious:* hypersensitivity reactions including rash, urticaria, angioedema. **Legal category:** POM. **Presentation and basic NHS cost:** Available in a pack size of 1 vial of powder plus 1 vial of suspension, 1 = £160. **Marketing Authorisation Numbers:** PLGB 19494/0263. **Marketing Authorisation Holder:** GlaxoSmithKline UK Limited, 980 Great West Road, Brentford, Middlesex, TW8 9GS, UK. **Further information is available from:** GlaxoSmithKline Customer Contact Centre, customercontactuk@gsk.com; Freephone 0800 221 441. Shingrix is a trademark of the GlaxoSmithKline group of companies. PI-11945: January 2024 (V2.0)

Adverse events should be reported. Reporting forms and information can be found at https://yellowcard.mhra.gov.uk/ or search for MHRA yellow card in the Google Play or Apple App store. Adverse events should also be reported to GlaxoSmithKline on 0800 221 441.

Prescribing information – NI
Please consult the Summary of Product Characteristics (SPC) before prescribing

Shingrix Herpes zoster vaccine (recombinant, adjuvanted). Shingrix powder and suspension for suspension for injection. **Composition:** Following reconstitution, one 0.5ml dose contains 50µg Varicella Zoster Virus glycoprotein E antigen adjuvanted with $AS01_B$ (containing 50µg of *Quillaja saponaria* Molina, fraction 21 (QS-21) and 50µg of 3-O-desacyl-4'-monophosphoryl lipid A (MPL). **Uses:** Prevention of herpes zoster (HZ) and post-herpetic neuralgia (PHN), in adults 50 years of age or older and adults 18 years of age or older at increased risk of HZ. Use of Shingrix should be in accordance with official recommendations. **Dosage and administration:** Primary vaccination schedule consists of two doses of 0.5 ml each: an initial dose followed by a 2nd dose 2 months later. If flexibility is needed, second dose can be given between 2-6 months after the first. 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