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SHINGRIX
(HERPES ZOSTER VACCINE RECOMBINANT, ADJUVANTED)

# Shingles Vaccination: Patient Discussion Guide

**Healthcare professionals play an essential role in helping patients make informed decisions about their health.**

This discussion guide provides a framework for what information is key when discussing the shingles vaccination, and guidance on responses to frequently asked questions.

## Discussing the Shingles National Immunisation Programme

Recommendation from a healthcare professional is important in increasing patient confidence in vaccination. How do you communicate to your patients that they are eligible for shingles vaccination?

*Consider the below framework to support the impact of your discussions:*

1. **Inform the patient they are eligible for a free shingles vaccine**
2. **Provide information on shingles, the impact of the disease, and their risk**
3. **Discuss the value of vaccination, and the process for vaccination on the NIP**
4. **Reinforce that the shingles vaccination they are to receive consists of 2 doses, and the importance of receiving both for full course completion**

## Addressing Frequently Asked Questions

*Responses are for guidance only, and should be used as appropriate to address patients' individual needs and questions.*

### Q: What does the shingles vaccination do?

A: The shingles vaccination helps protect against shingles. Shingles is an infection which typically causes a painful rash on one side of the body. It can disrupt your daily life for weeks[1].

### Q: What is shingles?

A: Shingles is caused by the reactivation of the virus (varicella zoster virus) that causes chicken pox, which an estimated 90% of adults raised in the UK are infected with[2]. Although shingles can occur at any age, incidence increases with age with an estimated lifetime risk of 1 in 4[1].
The infection typically causes a painful rash on one side of your body lasting between two and four weeks. The affected area may be intensely painful or experience tingling or intense itching. Some people may develop further complications, for example post-herpetic neuralgia which is pain that persists on average for 3 to 6 months[1].

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# Addressing Frequently Asked Questions

*Responses are for guidance only, and should be used as appropriate to address patients' individual needs and questions.*

## Q: Does SHINGRIX contain egg or egg-derived materials?

A: Eggs or egg-derived materials are not used in the SHINGRIX formulation, or as raw materials in the routine manufacturing process.

## Q: Does SHINGRIX contain gelatine or gelatine-derived materials?

A: Gelatine or gelatine-derived materials are not used in the SHINGRIX formulation, or as raw materials in the routine manufacturing process.

## Q: Why is the shingles vaccination 2-doses?

A: 2 doses of the SHINGRIX vaccine are required for the maximum protection offered by the vaccine. You must get your second dose to complete your vaccination[3].

## Q: How do I get my 2nd dose?

A: When you receive your 1st dose, your nurse should discuss the timing of your 2nd dose. If you haven't heard from your practice within the timeframe discussed, then contact your practice.

## Q: What should I do if I get side effects?

A: If you experience any side effects, talk to your doctor, nurse or pharmacist. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at https://yellowcard.mhra.gov.uk/. By reporting side effects, you can help provide more information on the safety of this medicine.

**References**
1. UKHSA Green Book: Ch28a Shingles (March 2024).
2. UKHSA Green Book: Ch34 Varicella (Sep 2024).
3. SHINGRIX. Summary of Product Characteristics (United Kingdom)

For digital use only.

# GSKPro Patient Resources

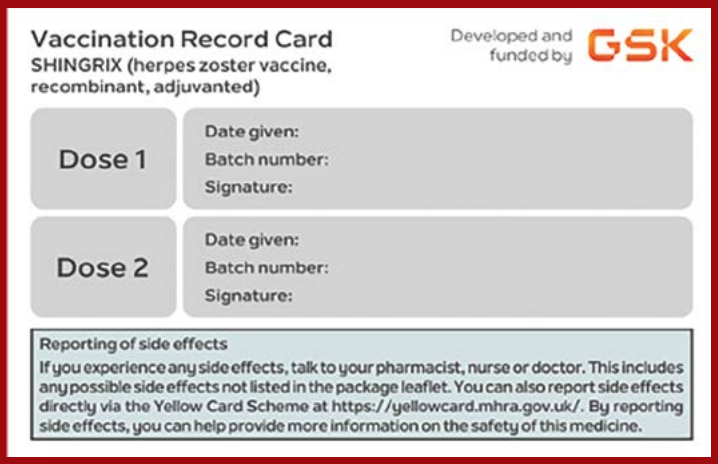
Are you inviting your patients for their second dose?

GSK has developed a number of free resources for healthcare professionals to use with SHINGRIX patients to help support implementation of the programme. These include:

**Order Now!**
QR code leads to GSK's Webshop, a promotional website

## SHINGRIX Vaccination Record and Appointment Reminder Card

- Once a patient has received their first dose of SHINGRIX, this card provides them with a reminder of the date of their appointment for their second dose. It will also serve as a shingles vaccination record for the patient.


Vaccination Record Card
SHINGRIX (herpes zoster vaccine, recombinant, adjuvanted)
Developed and funded by GSK

| | |
|---|---|
| Dose 1 | Date given:<br>Batch number:<br>Signature: |
| Dose 2 | Date given:<br>Batch number:<br>Signature: |

Reporting of side effects
If you experience any side effects, talk to your pharmacist, nurse or doctor. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at https://yellowcard.mhra.gov.uk/. By reporting side effects, you can help provide more information on the safety of this medicine.

## SHINGRIX Patient Information Booklet

- This leavepiece provides patients attending their GP practice for their first dose of SHINGRIX information about shingles, the vaccine, side effect reporting and 2nd dose compliance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Patient information booklet for SHINGRIX
(Herpes zoster vaccine, recombinant, adjuvanted)

This brochure is intended for patients receiving the 2-dose shingles vaccination, SHINGRIX, and helps explain:

1. What to expect with your 1st dose of SHINGRIX
2. What to do if you get side effects
3. Why it's important to receive your 2nd dose of SHINGRIX

**For digital use only.**

**Prescribing information UK**

*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, 79 New Oxford Street, London, WC1A 1DG, 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.

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**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.**