

# GPNI Vaccines update

## Shingles (Herpes Zoster) & HPV

September 2023



# Shingles (Herpes Zoster)

September 2023



## Why vaccinate older adults and those immunosuppressed against shingles?

- Increased risk of developing shingles
- Increased risk of developing a more severe form of the disease including PHN and increased hospital admissions



# National programme for adults aged 60-79

The JCVI recommended that:

- Shingrix should replace Zostavax® in the routine programme
- should be offered at 60 years of age.

For this immunocompetent cohort:

- the eligible age for immunocompetent individuals will change from 70 to 60 years of age for the routine cohort, in a phased implementation over a 10 year period
- This will be completed in 2 stages during that period

## National programme for adults aged 60-79 years (2)

- ***During Stage 1 (1st September 2023 to 31st August 2028) Shingrix® will be offered to those who are aged 70 and 65 years of age on 1 September 2023 (and each year up to 2028).***
- ***During Stage 2 (1 September 2028 to 31 August 2033) Shingrix® will be offered to those aged 65 and 60 years of age on 1 September 2028 (and each year up to 2033).***
- From 1 September 2033 and thereafter, Shingrix® will be offered routinely at age 60 years
- *Those who have been previously eligible (i.e. in stages 1 and 2) will remain eligible until their 80th birthday. Where an individual has turned 80 years of age following their first dose of Shingrix, a second dose should be provided before the individual's 81st birthday to complete the course*

**IMMUNOCOMPETENT PATIENTS: TIMELINE FOR THE PHASED IMPLEMENTATION OF THE CHANGE TO ELIGIBLE AGE**

		Those turning age (years) in each new programme year												
		Programme year	60	61	62	63	64	65	66	67	68	69	70	71-79
Stage 1 of catch up (offer to those turning 65 and 70 years)	01 Sept 2023 – 31 Aug 2024													Those previously eligible for the Zostavax® programme remain eligible for Zostavax® until stocks deplete, after which time they become eligible for Shingrix®
	01 Sept 2024 – 31 Aug 2025													
	01 Sept 2025 – 31 Aug 2026													
	01 Sept 2026 – 31 Aug 2027													
	01 Sept 2027 – 31 Aug 2028													
Stage 2 of catch up (offer to those turning 60 and 65 years)	01 Sept 2028 – 31 Aug 2029													
	01 Sept 2029 – 31 Aug 2030													
	01 Sept 2030 – 31 Aug 2031													
	01 Sept 2031 – 31 Aug 2032													
	01 Sept 2032 – 31 Aug 2033													
Routine offer at 60 years	01 Sept 2033 Onwards													

Key

	Newly eligible for Shingrix on/after birthday
	Completed / remain eligible until 80 <sup>th</sup> birthday
	Not currently eligible



## Severely Immunosuppressed individuals aged 50 years and over

From September 2021,

- Shingrix® made available to immuno-suppressed individuals aged 70 to 79 years, who are contraindicated to receive Zostavax®, as part of the NHS shingles vaccination programme.

From 1 September 2023

- eligibility will be expanded to all severely immunosuppressed individuals aged 50 years and over (with no upper age limit) who should be offered two doses of Shingrix.

## Severely Immunosuppressed individuals aged 50 years and over (2)

- Severely Immunosuppressed individuals represent the highest priority for vaccination given their risk of severe disease, and therefore the programme aims to catch up all eligible individuals aged 50 years and over in the first year of programme implementation.
- Individuals who should be offered Shingrix® amongst this cohort are summarised:

**Box: Definition of severe immunosuppression**  
**p7 Chapter 28a Green Book**



# National Shingles Vaccination Programme

From 1<sup>st</sup> September 2023

## Eligible Cohorts:

- 1. Those aged 65 and 70 years old on 1<sup>st</sup> September 2023**  
(i.e. those born between- 02/09/1957 to 01/09/1958 and 02/9/1952 to 01/09/1953)
- 2. Those aged 50 years and above who are severely immunosuppressed**
- 3. Those aged 71 to 79 years of age who have not previously received a Shingles vaccine**

# National Shingles Vaccination Programme cont.

- The 2023/24 vaccination programme continues until 31 August 2024
- GPs should continue to ensure patients who meet the eligibility criteria for the 2023/24 programme, irrespective of their age now, are offered the vaccine, particularly those who will become ineligible due to being aged 80 or older on 1 September 2024.

## National Shingles Vaccination Programme cont.

- From Autumn 2023 GP's should offer Shingrix vaccine to eligible patients **aged 65 or 70 years of age on 1 September 2023 and those over the age of 50 and are severely immunosuppressed.**
- A limited quantity of Zostavax vaccine will still be available until January 2024 (or central stocks deplete)
- Zostavax should only be offered to those aged 71-79 who are previously eligible while supply remains, unless contraindicated e.g. immunosuppressed.
- After this date they should be offered Shingrix if remain eligible.

# Shingles vaccine

- Shingrix® is recommended for the prevention of shingles and shingles-related PHN



# Shingrix

- Shingrix<sup>®</sup> is a recombinant vaccine and contains varicella zoster virus glycoprotein E antigen produced by recombinant DNA technology, adjuvanted with AS01B.
- Shingrix<sup>®</sup> is available as a white powder for reconstitution with diluent and is injected as a suspension. After reconstitution, the suspension is an opalescent colourless to pale brownish liquid.
- Shingrix<sup>®</sup> is available in a pack size of 1 vial of powder plus 1 vial of suspension or in a pack size of 10 vials of powder plus 10 vials of suspension. The reconstituted vaccine should be inspected visually for any foreign particulate matter and/or variation of appearance. If either is observed, the vaccine should not be administered.
- After reconstitution, the vaccine should be used promptly; if this is not possible, the vaccine should be stored in a refrigerator (2°C – 8°C). If not used within 6 hours it should be discarded.

# Efficacy

## Shingrix:

- Clinical trials of 15,411 participants: Vaccine efficacy in the 7,695 immunocompetent adults  $\geq 50$  years and 6,950  $\geq 70$  years, administered with two doses of Shingrix® 2 months apart was estimated at 97.2% and 91.2% respectively
- US study of adults  $\geq 65$  years, two dose vaccine effectiveness against postherpetic neuralgia was 76.0%

**In immunocompetent adults  $\geq 70$ , Shingrix® immunity remained high throughout 7 years following vaccination**

# Shingrix<sup>®</sup>

## Administration:

- Adults should receive two doses of 0.5ml of Shingrix<sup>®</sup> a minimum of 2 months apart
- Shingrix<sup>®</sup> should be given by intramuscular injection
- Subcutaneous administration is not recommended
- Shingrix<sup>®</sup> should be given with caution to individuals with thrombocytopenia or any coagulation disorder since bleeding may occur following intramuscular administration.

# Shingrix Schedule- Northern Ireland

## **Immunocompetent cohort:**

- Administer 2 doses, 6-12 months apart

## **Immunosuppressed cohort:**

- Administer 2 doses, 2-6 months apart



# Co-administration- Shingrix®

- Shingrix® can be given concomitantly with **inactivated influenza vaccine**
- Interim data from the US on co-administration of Shingrix® with **adjuvanted influenza vaccine** is reassuring, therefore these 2 vaccines can be given together if required
- As **COVID vaccines** are considered inactivated, Shingrix® vaccine can be co-administered to individuals in an eligible cohort
- Where more than one vaccine is offered, patients should be informed about the likely timing of potential adverse events relating to each vaccine

# Contraindications- Shingrix®

- Shingrix® should not be administered to an individual with a confirmed anaphylactic reaction to any component of the vaccine.

# Precautions

## Delay if:

- Acutely unwell
- Individuals with shingles / PHN



# Inadvertent administration- Shingrix®

## **Inadvertent vaccination in individuals under 18 years of age**

- Shingrix® is licensed for use in individuals over 18 years of age
- Most children aged >10 are likely to be immune to varicella and therefore inadvertent vaccination is highly unlikely to result in serious adverse reactions
- Vaccination of varicella naïve children also unlikely to result in serious adverse reactions and should count as a valid dose of varicella vaccine

## **Inadvertent vaccination with Shingrix® during pregnancy**

- No known risk associated with giving inactivated, recombinant viral or bacterial vaccines or toxoids during pregnancy or whilst breast-feeding.
- If indicated, Shingrix® can be considered in pregnancy after full discussion of the risks and benefits of vaccination with the recipient

# Possible adverse reactions- Shingrix®

Most frequently reported side effects were:

- Pain at injection site
- Myalgia
- Fatigue



# Common Queries

- What if an individual does not have a previous history of chickenpox; should they still be offered the vaccine?

**Yes** these people **should** be vaccinated

- What if an individual presents with a previous hx of shingles; should they still be offered the vaccine?

**Yes** these people **should** be vaccinated **however** wait until fully recovered from active shingles infection

# Orders

- Movianto via online web portal
- Deliveries usually within 2 working days
- [Guidance on vaccine handling and storage in GP practices](#)
- Vaccine wastage

# VMS

- All shingles vaccines must be recorded in VMS from 1<sup>st</sup> Sept 2023
- Clinical assessments for shingles vaccines are not recorded in VMS
- VMS recall dashboard
- **Shingrix vaccines not recorded within VMS will not be displayed on practice recall dashboards**




# Shingrix recall report

To help support recall of patients for their second Shingrix dose, VMS now includes a report which shows:

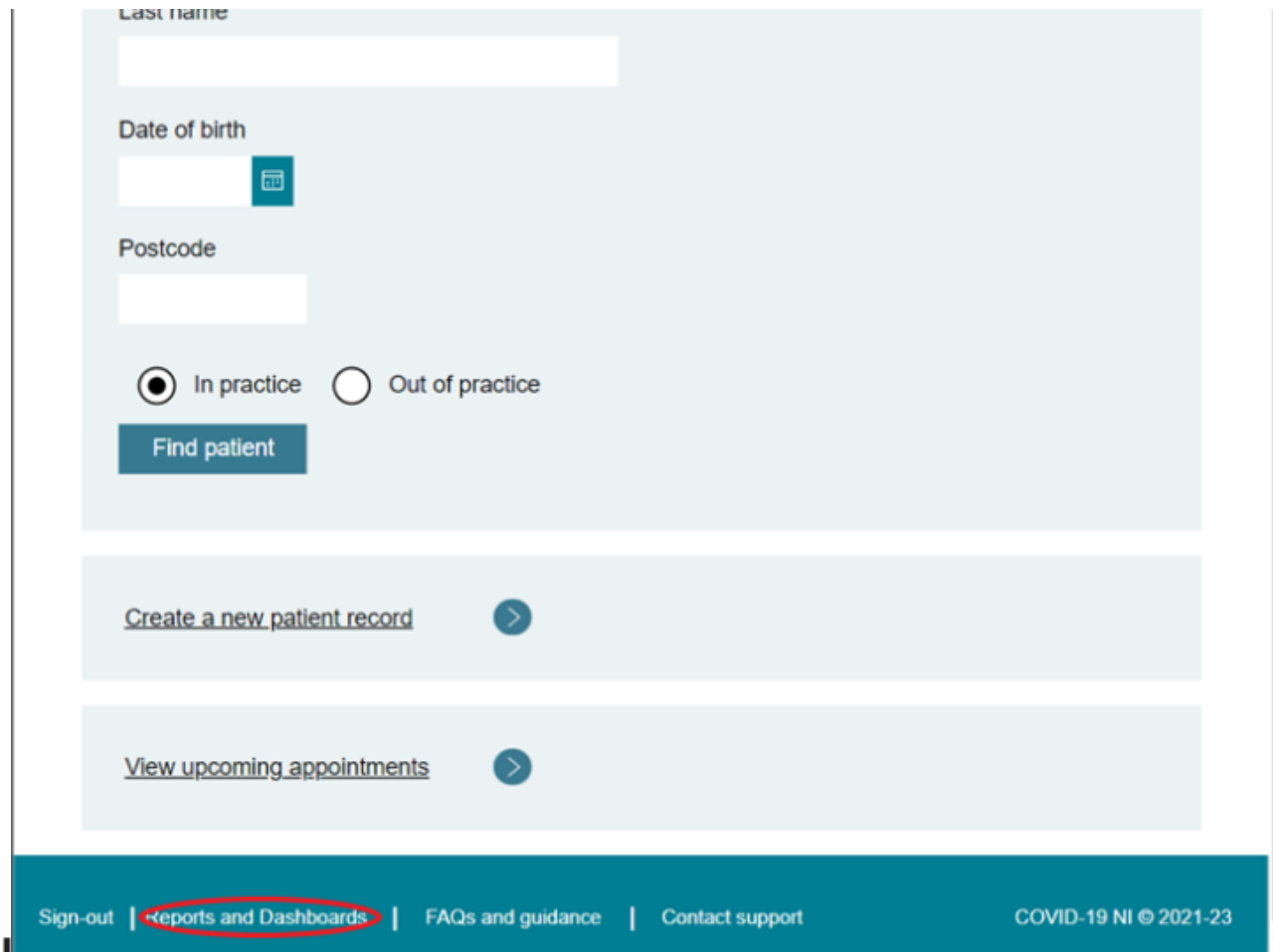
*All patients within the practice who have been recorded as having received their first dose of Shingrix, but not yet their second dose*

# Log in to VMS, select practice

Where are you working today?

Location Name	Filter locations
	GP 
<u>Vision Test Practice-Z00900</u>	GP

# Scroll to end, click Reports & Dashboards



The screenshot shows a patient search form with the following fields and options:

- Last name: [Text input field]
- Date of birth: [Date picker]
- Postcode: [Text input field]
- Radio buttons:  In practice,  Out of practice
- Find patient: [Blue button]
- Create a new patient record: [Link with right arrow]
- View upcoming appointments: [Link with right arrow]


The footer contains the following navigation links: Sign-out | **Reports and Dashboards** | FAQs and guidance | Contact support. The text "Reports and Dashboards" is circled in red.

# Click GP practice dashboard link

## Reports and Dashboards

### All vaccinations report

Download the latest report showing all vaccinations for all patients registered in your practice, independent of which location the vaccination was administered in.

 all\_vaccinations\_report\_Z00900\_2023-08-10T23:24:41.1738009Z.csv

### GP practice dashboard

View reports based on VMS records for your patients.

[GP practice dashboard](#)

### Data quality dashboard

View potential data quality issues with vaccinations recorded by your practice

[Data quality dashboard](#)

### Flu report

Download the latest report showing flu vaccinations for all patients registered in your practice from 21/22 onwards, independent of which location the vaccination was administered in.

# Shingrix Dose 1 report

## GP Practice Dashboard

Date Of Shingrix First Dose	HCN	Date Of Shingrix First Dose	First Name	Last Name	Date Of Birth
6/13/2023	3628596203	13/06/2023	James	VMSTESTONE	14/07/1986

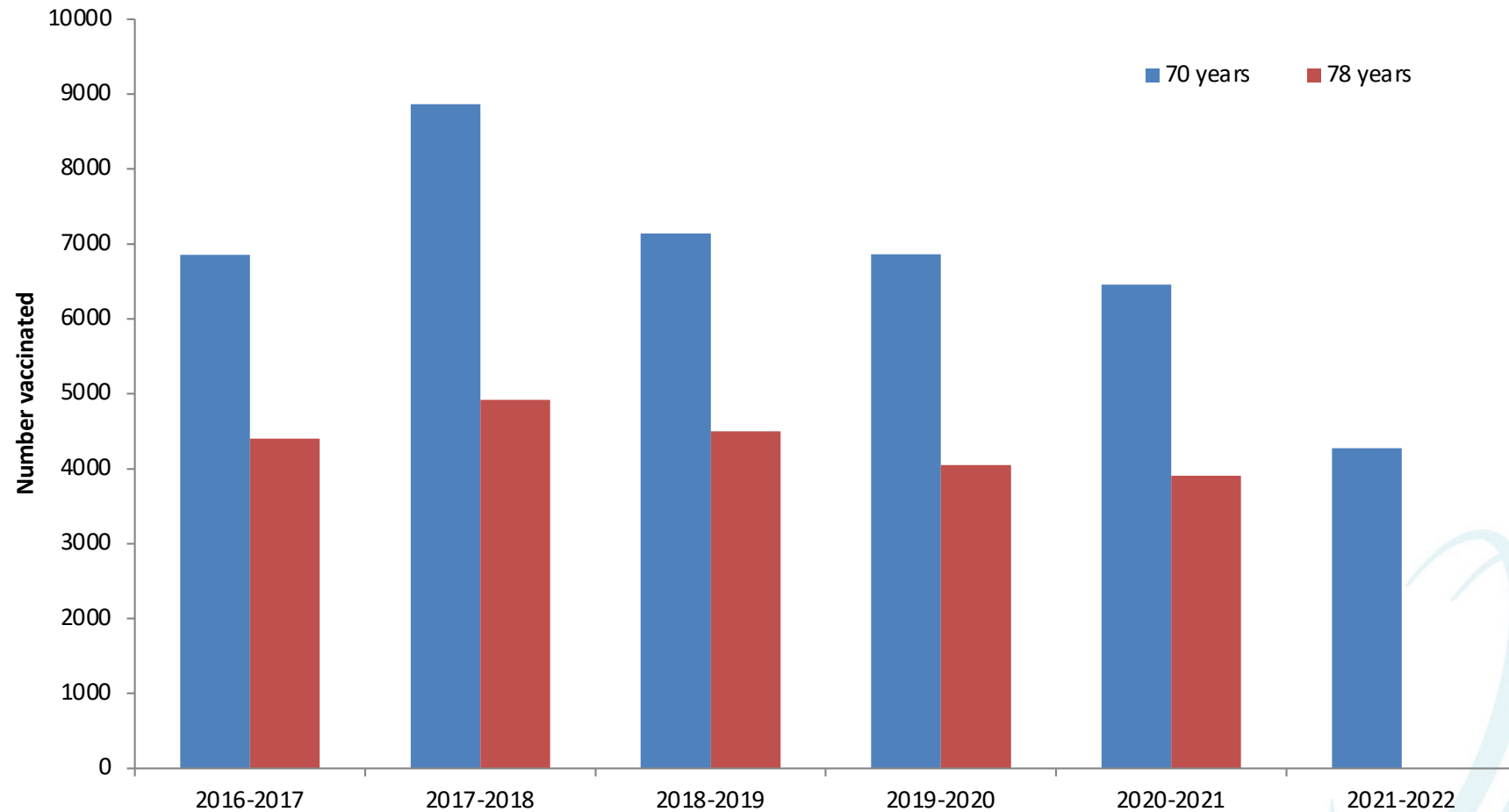
This report shows all living patients registered in your practice who are recorded in VMS as having received a Shingrix first dose vaccination and are not yet recorded as having received a second dose of Shingrix.

You can use the filter to the right to only show vaccinations within a range of dates.

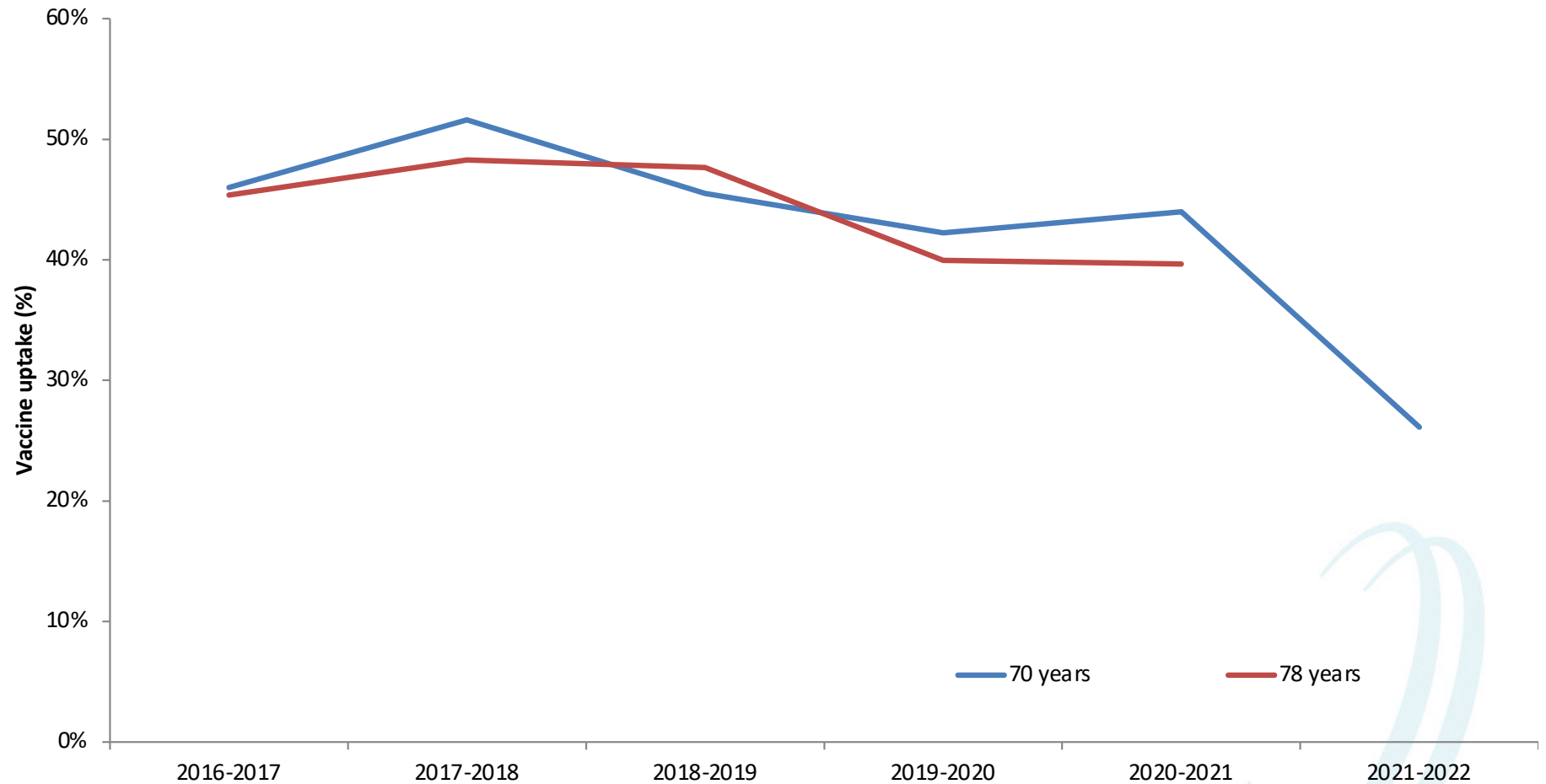
You can download the list of patients by holding the mouse pointer over the table above and clicking the three dots (...) that appear bottom or top right and then selecting 'Export data'.

[Return to homepage](#)

## No. patients aged 70 & 78 years, receiving shingles NI 2016-2022



## Shingles Vaccine Uptake in patients aged 70 & 78 years, NI 2016-2022



# Human Papilloma Virus (HPV)

September 2023





# HPV vaccination changes

From 1<sup>st</sup> September 2023

Those eligible adolescents and adults up until the age of 25 , will require **1 dose of HPV vaccine instead of 2 doses**, to complete the course.

The same applies to anyone receiving the vaccine through the MSM HPV vaccination programme but does not apply to individuals who are known to be living with HIV including those on antiretroviral therapy, or are known to be immunocompromised at the time of vaccination.

# Why has the dosage changed?

## The Joint Committee on Vaccination and Immunisation

(JCVI) has reviewed the scientific evidence about the doses of the HPV vaccine. They agree that there's very strong evidence that most people only need 1 dose of the HPV vaccine to provide full protection

This means that most people who've already received 1 dose are now fully vaccinated. They don't require any further doses of the HPV vaccine.

# Gardasil 9 Vaccine Schedule

## One dose schedule

Immunocompetent individuals who are not known to be HIV positive

- In the routine adolescent programme
- MSM programme before the age of 25

Gardasil®9

- 0.5ml of HPV vaccine



# Gardasil 9 Vaccine Schedule

## Three dose schedule

**Immunosuppressed or known to be HIV positive and aged under 25 years**

Gardasil<sup>®</sup>9

Administer three doses on a 0, 1 and 4-6 month schedule, for instance:

- first dose of 0.5ml of HPV vaccine
- second dose of 0.5ml at least one month after the first dose
- third dose of 0.5ml at least three months after the second dose

# Recommended HPV Vaccine

- In 2022, the vaccine supplied for the adolescent HPV and HPV-MSM programme changed from Gardasil to Gardasil<sup>®</sup>9
- Like Gardasil, Gardasil<sup>®</sup>9 vaccine is prepared using recombinant DNA technology (similar to hepatitis B vaccine). There is no live virus present and the vaccines do not contain any antibiotics or preservatives.
- Both vaccines contain an aluminium adjuvant (read a full definition of this term).

# Gardasil<sup>®</sup>9

- Gardasil<sup>®</sup>9 contains antigens from nine HPV viruses - 6, 11, 16, 18, 31, 33, 45, 52 and 58.
- Like Gardasil, Gardasil<sup>®</sup>9 , protects against
  - 16 and 18** - 2 high risk HPV types that can lead to cancer
  - 6 and 11** - 2 HPV types that cause approx. 90% of all anogenital warts in males and females
- Gardasil<sup>®</sup>9 also offers protection against 5 additional types of HPV ( 31, 33, 45, 52, 58), although less common than types 16 and 18 , are also considered high risk.

# Contraindications and precautions to Gardasil 9

Gardasil®9 should not be administered to those who have had a

- Confirmed anaphylactic reaction to a previous dose of the vaccine.
- Confirmed anaphylactic reaction to any component of the vaccine.

Immunisation should be deferred in

- Cases of fever or acute illness
- Pregnancy

*Note: yeast allergy is not a contraindication to the HPV vaccine. Even though Gardasil is grown in yeast cells, the vaccine product does not contain any yeast.*

# HPV Operational planning

- HPV Vaccine is being delivered by school nursing teams through each trust with:
  - 2 offers in year 9
  - 2 offer in year 10
- If the vaccination has been missed at the 4<sup>th</sup> offer, a letter will be sent to the parent and GP practice via school nursing teams.
- Last offer of HPV will be through Primary Care settings.



# Resources

## Health professionals

- Green Book chapter 18a
- PGD
- Factsheet for healthcare professionals (PHA website)

## Parents and young people

- Leaflets
- Record card
- Online resources (PHA website and NI direct)

