A comprehensive checklist for delivering the Shingles National Immunisation Programme

Delivering a successful immunisation programme can at first appear daunting – but illuminate is here to support you!

Dedicated shingles vaccination clinics are an effective approach to maximising vaccination uptake, as they're accessible to a wide range of individuals and are a format the local community are familiar with. They allow a large number of people to receive a specific vaccine at a certain location on a particular day. In addition, a dedicated vaccination clinic can also benefit the practice by streamlining the immunisation process, ensuring organised delivery of vaccines, optimising the number of vaccine appointments, and increasing overall efficiency.

As shingles is non-seasonal, organising vaccination clinics frequently throughout the year is important to help protect patients as soon as they become eligible. Although opportunities to engage with eligible patients at chronic health checks or other vaccination appointments can help to increase uptake, it's important to remember opportunistic vaccinations should only be considered as a complementary strategy to a dedicated vaccine delivery programme.

Below are key steps for you and your immunisation team to take in order to maximise your shingles vaccination uptake. Use this handy checklist when setting up and implementing the immunisation programme.

1. Create alerts and searches

- ◯ Set up alerts and searches using your patients' Electronic Health Records (EHRs) to flag eligible and soon-to-be-eligible patients. Review these alerts and searches regularly to ensure all eligible patients are invited for their shingles vaccination
- ◯ Update the alerts and searches as required, ensuring you are aligned with the most recent guidance

For a digestible overview of the programme, visit the **Shingles National Immunisation Programme page** at: https://peersinpractice.gsk.com/immunisation-hub/shingles-nip/.

- ◯ Create a pop-up when booking appointments which flags suitable patients as eligible for the vaccination. An appointment invitation and a follow-up should be organised, as appropriate

Adverse event reporting and prescribing information can be found on pages 7 and 8 of this document.

2. Identify eligible patients

- [ ] As shingles is non-seasonal, set aside time with your team at least once a month to perform practice-wide eligibility searches to ensure patients are identified and offered protection as soon as they become eligible, such as:
  - Those with a relevant upcoming birthday
  - Those whose health or medication has changed so they are now classed as severely immunocompromised as per the Green Book
- [ ] Check for eligible patients who have previously been missed or declined the vaccination

If there are a high number of eligible patients, break them down into smaller manageable groups (e.g. the number of patients to be vaccinated each week rather than overall) to ensure clinic capacity is still optimal.

3. Organise a shingles vaccination clinic

- [ ] Determine how best to host a shingles vaccination clinic within your practice, considering:
  - Available space based on practice size and layout to efficiently deliver vaccinations (e.g. size/number of rooms available, access to cold storage)
  - Staff resources and clinical capacity
  - The number of eligible patients
- [ ] Decide on the day(s) and time(s) of your shingles vaccination clinic that will be most convenient to your patients, incorporating the following:
  - Patient scheduling preferences
  - Demographic considerations
  - Coordination with other services
  - Staff availability
  - Flexible appointment options (e.g. early morning/evening/weekend appointments)

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3. Organise a shingles vaccination clinic

- [ ] Develop a communication plan to inform eligible patients about the availability of the vaccination clinic using available methods, such as:
  - Patient invites and follow-ups
  - SMS/automated text messages
  - Phone calls
  - Letters
  - The practice website
  - Social media
  - Patient newsletters
- [ ] Implement a proactive call/recall system in combination with an appointment system (e.g. booking on Accurx). This will help manage patient flow, reduce patient enquiries regarding eligibility and appointments, and maximise appointment capacity
- [ ] Plan and order vaccine stock, as detailed in the 'Stock vaccines' section of this checklist
- [ ] Organise vaccination clinics and align them with the eligibility of your patients, ensuring timely protection once they become eligible. It's optimal to schedule these clinics regularly throughout the year as shingles is non-seasonal
- [ ] Use year-round opportunities to engage with eligible patients at chronic health checks or other vaccination appointments to help increase uptake, if appointment time allows

4. Send invitations

- [ ] Using the communication plan above, invite all eligible patients for an appointment through their preferred method of communication, if known, e.g. SMS, phone, letters
  - Always use a combined approach if a patient doesn't respond
  - Regularly check that the preferred method of communication recorded for your patient is correct and up to date

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4. Send invitations

- [ ] Provide eligible patients with up to date information on shingles, as per the National Immunisation Programme, for example:

> *Shingles is a common condition that causes a painful rash. It can lead to severe complications, such as long-lasting pain or eye problems. As you get older or if you have a severely weakened immune system, you're more likely to get shingles.*[1]

- [ ] Proactively let patients know you are open to queries they might have. Be honest if you do not have the answer, but reassure the patient you will source the answer and let them know by a specific date. Be ready to answer frequently asked questions, as shown below:

  - If I get shingles, how could it affect me?
  - How many doses do I need?
  - What are the expected side effects of the shingles vaccination?

  Learn more at:

  About Shingles:
  https://peersinpractice.gsk.com/immunisation-hub/about-shingles/

  Shingles National Immunisation Programme:
  https://peersinpractice.gsk.com/immunisation-hub/shingles-nip/

- [ ] When patients are coming to the surgery for other appointments, make sure you check their eligibility for the shingles vaccination. If eligible, encourage them to book an appointment for the shingles vaccination

- [ ] When there is an opportunity to co-administer vaccinations, ensure that you are prepared to do this effectively. For example, if a patient is coming in for one of the vaccines shown below, and you intend to co-administer SHINGRIX (herpes zoster vaccine, recombinant, adjuvanted), then make sure you are organised in advance. However, don't only rely on opportunistic vaccinations! Suitable co-administration vaccinations are:

  - Unadjuvanted inactivated seasonal influenza vaccine
  - 23-valent pneumococcal polysaccharide vaccine (PPV23)
  - 13-valent pneumococcal conjugate vaccine (PCV13)
  - Reduced antigen diphtheria tetanus acellular pertussis vaccine (dTpa)
  - Coronavirus disease 2019 (COVID-19) messenger ribonucleic acid (mRNA) vaccine

- [ ] Invite patients to a dedicated shingles clinic on a designated day, and discuss a time slot that is convenient for them

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5. Send follow-ups

- ◯ Invite patients who haven't responded to a dedicated shingles clinic for an appointment, and offer an alternative convenient appointment
- ◯ Follow up with patients who haven’t responded to the two previous vaccine invitations, for example, via phone calls, emails, surgery social media pages or local community support
- ◯ Ask patients who are not responding if they would like a face-to-face or phone conversation to discuss any concerns

6. Stock vaccines

- ◯ In your practice, identify a lead in relation to stock control, alongside a deputy. This will ensure there is a clear understanding of who oversees the vaccine resources and helps to avoid hesitancy
- ◯ Plan vaccine stock, taking into account:
  - Booked vaccination appointments
  - Upcoming dedicated vaccination clinics
  - Estimated number of additional opportunistic deliveries
- ◯ Order via **ImmForm** ahead of your shingles vaccination clinic, leaving plenty of time, at: https://portal.immform.phe.gov.uk/Logon.aspx

7. Deliver second dose

- ◯ Use the initial appointment to administer a patient’s first dose of the shingles vaccine and discuss why receiving the second dose is required to complete the course and provide maximum protection
- ◯ Book patients in for their second dose when they receive their first, where possible, and provide them with a physical vaccine card
- ◯ Send out reminders to those whose second dose is due soon to make an appointment

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Top tips for optimisation!

Here's a few more tips which will really help maximise your shingles vaccination uptake:

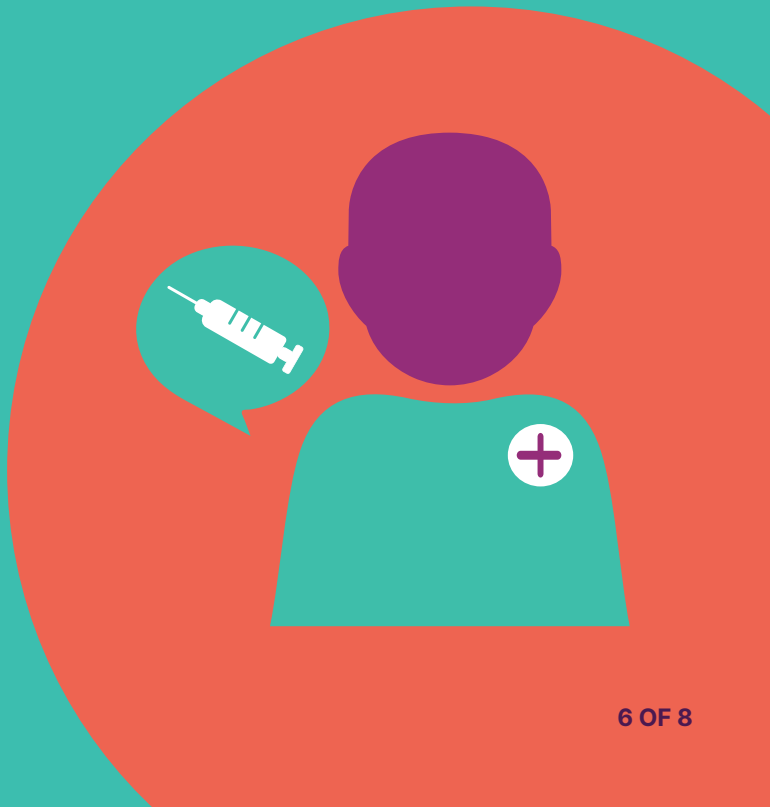
- Include information about shingles vaccine eligibility on your practice website
- Hand out stamped vaccine cards to patients as a reminder for appointments, including second dose appointments, and proof of vaccination
- Distribute leaflets, put up posters, and show short videos on the waiting room TV about shingles vaccine eligibility in line with Infection Prevention Control guidance, and ensure information remains up to date

Explore how **Bury GP Federation** transformed their practice with achievable, simple steps that used existing resources to enhance their shingles delivery uptake
https://peersinpractice.gsk.com/immunisation-hub/vaccine-education/bury-case-study/

Order convenient vaccine cards at https://gskpro.com/en-gb/resources/

Explore other handy external resources available for you to download and print at
https://www.healthpublications.gov.uk/ArticleSearch.html?sp=St-57&sp=Sreset

Explore illuminate's Shingles National Immunisation Programme page at
https://peersinpractice.gsk.com/immunisation-hub/shingles-nip/ for more expert guidance



Adverse event reporting and prescribing information can be found on pages 7 and 8 of this document.

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
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References

1. The Green Book. Chapter 28a – Shingles (from 1 September 2023). Available at: https://assets.publishing.service.gov.uk/media/64c1153cd4051a000d5a9409/Shingles_Green_Book_on_Immunisation_Chapter_28a_26_7_23.pdf. Accessed April 2024.