

**From the Chief Medical Officer  
Professor Sir Michael McBride**



**HSS(MD)29/2025**

**FOR ACTION**

Chief Executives, Public Health Agency/HSC Trusts/NIAS  
Chief Operating Officer, SPPG  
GP Medical Advisers, SPPG  
All General Practitioners and GP Locums (for onward  
distribution to practice staff)  
OOHs Medical Managers (for onward distribution to staff)

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Our Ref: HSS(MD)29/2025  
Date: 22 August 2025

**PLEASE SEE ATTACHED FULL CIRCULATION LIST**

Dear Colleague

**SHINGLES VACCINATION PROGRAMME 2025/2026**

**ACTIONS REQUIRED**

**Eligible cohorts have been expanded from 2025/2026, to include all severely immunosuppressed adults aged 18 years and over (with no upper age limit), who have not yet been vaccinated, and they should now be offered the shingles vaccine.**

**SPPG must ensure this information is cascaded to all General Practitioners and Practice Managers for onward distribution to all staff involved in the shingles vaccination programme.**

**Chief Executives must ensure that this information is drawn to the attention of all staff involved in the shingles vaccination programme.**

1. This letter provides information about the shingles vaccination programme for 2025/2026, including forthcoming changes to the programme. We ask that you share this guidance with all those involved in programme delivery.
2. Starting from 1 September 2025, all newly eligible patients should be offered two doses of the inactivated recombinant shingles vaccine, Shingrix®. This is a year-round offer and therefore the offer be made throughout the programme year (i.e. from September 2025 to 31 August 2026).

3. The Shingrix® vaccination programme, which was introduced in September 2023, includes a 'catch up' to move the routine age for inclusion in this vaccination programme from 70 years of age, down to age 60 years of age, over a 10-year period (see Annex A for a timeline for delivery). The vaccine is currently being offered to everyone aged 65 or 70 years of age.
4. In February 2024, based on risk equivalence analysis, the Joint Committee on Vaccination and immunisation (JCVI) advised that the national shingles immunisation programme should be expanded to include all severely immunosuppressed individuals aged 18 years and over.
5. JCVI concluded that the risk of hospitalisation in younger immunosuppressed age groups from shingles or resulting post-herpetic neuralgia (PHN) was similar to other cohorts who were already eligible for vaccination and therefore this group should be considered for vaccination based on their equivalent risk.
6. Eligibility for the 2025/2026 shingles vaccination programme will be:
  - **All immunocompetent individuals aged 65 or 70 years of age.**
  - **All severely immunosuppressed individuals aged 18 years and over.**

#### Immunocompetent cohort

- From 1 September 2025, those who are aged 65 or 70 years of age, on that date, should be invited to receive two doses of Shingrix® vaccine during the programme year.
- The second dose for immunocompetent individuals should be given between 6 to 12 months after the first dose.
- Immunocompetent individuals remain eligible until their 80<sup>th</sup> birthday. However, 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 81<sup>st</sup> birthday to complete the course.

#### Expanded Immunocompromised cohort

- From 1 September 2025 all severely immunocompromised individuals aged 18 years and over (with no upper age limit), who have not yet been vaccinated, should be offered the shingles vaccine. Please refer to the [Shingles Green Book chapter](#) for more information on those included in this cohort.
- Severely immunosuppressed people should be offered two doses of the Shingrix® vaccine, with the second dose given 8 weeks to 6 months after the first dose for this cohort, in line with the [Summary of Product Characteristics \(SmPC\)](#).

- Newly severely immunosuppressed individuals who have already received Zostavax® vaccine should be offered 2 doses of Shingrix® vaccine.
- Severely immunosuppressed individuals who have already received 2 doses of Shingrix® vaccine do not need re-vaccinated.
- Immunocompromised individuals represent the highest priority for vaccination given their risk of severe disease.

### **Individuals aged 18 years and older anticipating immunosuppressive therapy**

7. The risk and severity of shingles is considerably higher amongst severely immunosuppressed individuals and therefore eligible individuals anticipating immunosuppressive therapy should ideally be assessed for vaccine eligibility before starting treatment.
8. Eligible individuals who have not previously been vaccinated should commence a course of Shingrix® vaccine at the earliest opportunity and at least 14 days before starting immunosuppressive therapy with a dose interval of 8 weeks, although leaving one month would be preferable.
9. If immunosuppressive treatment is subsequently commenced after the first dose of Shingrix® vaccine is given, the second dose may be given 8 weeks to 6 months later.

### **Vaccine equity**

10. The universal shingles vaccination programme should aim to maximise uptake across all groups, with a particular focus on ensuring vaccination equity.
11. Referrals for vaccination in those who are housebound or are residents of nursing and residential care homes should be made to the respective HSC Trust district nurse teams.
12. Regional vaccine uptake monitoring should include uptake according to socio-economic status, geographical area of residence and any other factors that contribute to vaccine inequity.
13. GP Providers delivering the vaccination programme should have access to uptake monitoring, either through arrangements with PHA or through their own systems.

### **Surveillance and reporting**

14. All providers administering the shingles vaccine should record the administration on Vaccine Management System (VMS). This includes GP practices and Trusts delivering vaccine to residents in care homes and to the housebound. The PHA will support service providers with operational instructions on how to complete this recording.

15. The PHA vaccine surveillance team should monitor and extract data from VMS at regular intervals, to provide regular reports on uptake of the shingles vaccination programme.

## Dosage Schedule

16. Eligible immunocompromised individuals should receive two doses of 0.5ml of Shingrix® vaccine a minimum of **2 months apart**.
17. Eligible immunocompetent individuals should receive two doses of 0.5ml of Shingrix® vaccine a minimum of **6 months apart**.
18. Shingrix® vaccine should not be administered to an individual with a confirmed anaphylactic reaction to any component of the vaccine. Please refer to the [Shingles Green Book chapter](#) for more information.
19. As Shingrix® vaccine is an inactivated vaccine, where individuals present having received another inactivated or live vaccine, Shingrix® vaccination should still be offered. This includes but is not limited to vaccines commonly administered around the same time or in the same settings such as influenza and COVID-19 vaccination.
20. As influenza and COVID-19 vaccines are commonly co-administered, and many patients not wanting more than one vaccine per arm, practices may wish to consider scheduling separate shingles vaccination clinics throughout the year. This may also simplify the recall process for dose two.
21. It should be noted that the Respiratory Syncytial Virus (RSV) vaccine that was introduced in a programme for older adults from 1 September 2024 can be co-administered with the Shingrix® vaccine.

## Vaccine Supply / Ordering arrangements for Shingrix® vaccine

22. The Shingrix® vaccine is expensive, and GPs should only order sufficient vaccine to meet their weekly need. Effective management of vaccines throughout the supply chain is essential to reduce vaccine wastage. Local protocols should be in place to reduce vaccine wastage to a minimum. Even small percentage reductions in vaccine wastage will have a major impact on the financing of vaccine supplies.
23. For best practice guidance on managing cold chain breaches, please refer to the document [Guidance on Vaccine Handling and Storage for GP practices](#).
24. GPs should ensure that they will have the fridge capacity to store the vaccine they require.
25. GP Practices will be allocated a quota of vaccine which will be calculated based on percentage uptake in year two (2024/2025 programme), as recorded on VMS. This will be based on first doses for 65 and 70 year olds plus 2 doses for those who are immunocompromised. This will be revisited at the end of

March 2026. Those requiring additional vaccine beyond their quota can contact the PHA Immunisation Team at [pha.immunisation@hscni.net](mailto:pha.immunisation@hscni.net)

### **Black triangle scheme and adverse reactions**

26. Health professionals and those vaccinated are asked to report suspected adverse reactions through the online Yellow Card scheme, by downloading the Yellow Card app or by calling the Yellow Card scheme on 0800 731 6789 9am to 5pm Monday to Friday.

### **Patient Group Directions (PGDs)**

27. The PGD for administration of Shingrix® vaccine will be published by the SPPG/PHA PGD Development Team and will be available for GP practices and Trusts prior to the launch date of the programme. The PGD will be developed in line with national PGD and The Green Book.

### **Information and Guidance for Healthcare Practitioners**

28. Health professionals responsible for all aspects of programme delivery should follow the advice detailed in [chapter 28a](#) of Immunisation Against Infectious Disease (the Green Book) for policy, programme management and clinical guidance.
29. The PHA should ensure that training materials, including educational slides are developed and made available to those delivering the programme in advance of the launch date.
30. Consideration should be given for how training will be distilled to ensure that health professionals, including maternity health professional from all disciplines, are competent and confident to deliver the shingles vaccine.
31. Trust and GP practice providers should ensure that their staff are appropriately trained to deliver the shingles vaccination programme under the regional PGD and are aware of the training resources available to them.

### **Sessional vaccinators**

32. A small pool of sessional vaccinators who are employed by the PHA, are available to support GPs and Trusts with the administration of the 2025/2026 shingles vaccination programme. Further information on this workforce and requests for support can be raised by contacting [PHAVaccinesitrep@hscni.net](mailto:PHAVaccinesitrep@hscni.net)

### **Patient Information Materials**

33. Communications materials are available on the PHA website to support the shingles vaccination programmes for eligible adults, including a patient leaflet.

## Consent

34. Guidance on informed consent can be found in Chapter 2 of Green Book - [https://assets.publishing.service.gov.uk/media/673dfc6d4a6dd5b06db95978/Green\\_Book\\_Chapter\\_2\\_-\\_Consent\\_-\\_November\\_2024.pdf](https://assets.publishing.service.gov.uk/media/673dfc6d4a6dd5b06db95978/Green_Book_Chapter_2_-_Consent_-_November_2024.pdf)

## Funding and Service Arrangements

35. GPs will receive an item of service fee of £10 per dose, to cover all costs incurred to identify, call/recall, vaccinate and to record the patient's data directly onto the Vaccine Management System.

## Conclusion

36. I would like to take this opportunity to thank all those involved in delivering the shingles vaccination programme. The current 2024/2025 shingles vaccination programme continues until 31 August 2025, and I would urge GPs to continue to ensure patients who meet the eligibility criteria for the 2025/2026 programme are offered the vaccine, particularly those who will become ineligible due to being aged 80 years of age on 1 September 2025.
37. Shingles is a significant cause of morbidity in older people. I appreciate the current workload within GP practices, but we hope colleagues will recognise the significant benefits the vaccine will bring to their patients and encourage uptake to those who are eligible.

Yours sincerely



**PROFESSOR SIR MICHAEL McBRIDE**  
Chief Medical Officer

## Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)  
Assistant Director Public Health (Health Protection), Public Health Agency  
Director of Nursing, Public Health Agency  
Assistant Director of Pharmacy and Medicines Management, SPPG (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)  
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Prof Louise Dubras, Ulster University  
Dr Kathy Cullen, Director of the Centre for Medical Education at QUB

This letter is available on the Department of Health website at <https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications>





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

	Programme year period	Programme year offered	Patients date of birth must fall within these dates to be eligible within programme year	60	61	62	63	64	65	66	67	68	69	70	71-79
Stage 1 of catch up (offer to those 65 and 70 years)	01 Sept 2023 to 31 Aug 2024	1	2 September 1957 to 1 September 1958 or 2 September 1952 to 1 September 1953												Now eligible for Shingrix®
	01 Sept 2024 to 31 Aug 2025	2	2 September 1958 to 1 September 1959 or 2 September 1953 to 1 September 1954												
	01 Sept 2025 – 31 Aug 2026	3	2 September 1959 to 1 September 1960 or 2 September 1954 to 1 September 1955												
	01 Sept 2026 – 31 Aug 2027	4	2 September 1960 to 1 September 1961 or 2 September 1955 to 1 September 1956												
	01 Sept 2027 - 31 Aug 2028	5	2 September 1961 to 1 September 1962 or												

	Programme year period	Programme year offered	Patients date of birth must fall within these dates to be eligible within programme year	60	61	62	63	64	65	66	67	68	69	70	71-79
			2 September 1956 to 1 September 1957												
Stage 2 of catch up (offer to those 60 and 65 years)	01 Sept 2028 – 31 Aug 2029	6	2 September 1962 to 1 September 1963 or 2 September 1967 to 1 September 1968												
	01 Sept 2029 – 31 Aug 2030	7	2 September 1963 to 1 September 1964 or 2 September 1968 to 1 September 1969												
	01 Sept 2030 - 31 Aug 2031	8	2 September 1964 to 1 September 1965 or 2 September 1969 to 1 September 1970												
	01 Sept 2031 – 31 Aug 2032	9	2 September 1965 to 1 September 1966 or 2 September 1970 to 1 September 1971												
	01 Sept 2032 – 31 Aug 2033	10	2 September 1966 to 1 September 1967 or 2 September 1971 to 1 September 1972												

	Programme year period	Programme year offered	Patients date of birth must fall within these dates to be eligible within programme year	60	61	62	63	64	65	66	67	68	69	70	71-79
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